

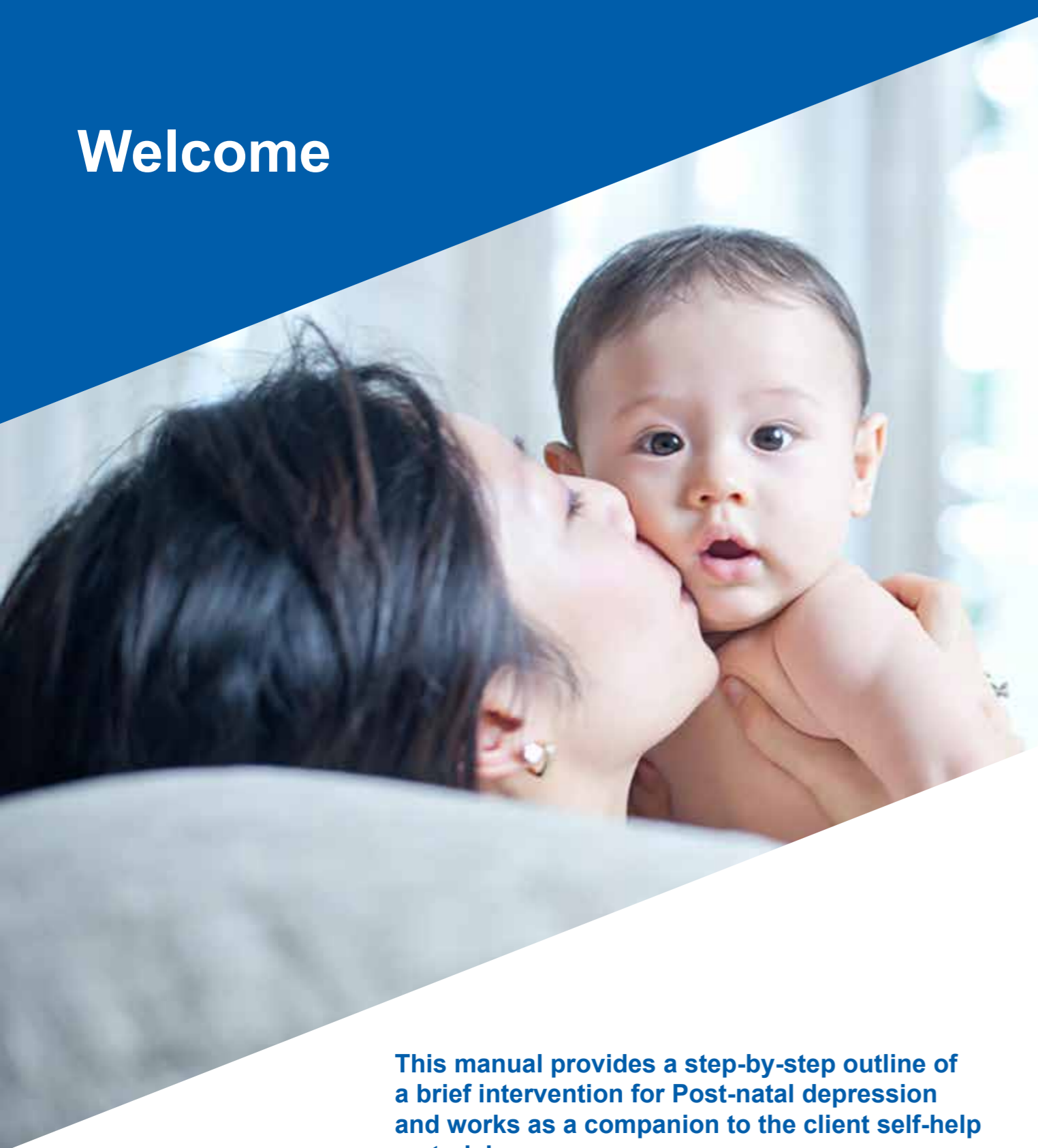


**Therapist Manual**

**Self-help booklet  
for postnatal  
depression**

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# Welcome



**This manual provides a step-by-step outline of a brief intervention for Post-natal depression and works as a companion to the client self-help materials.**

Each session contains new exercises which target specific difficulties for PND, with helpful hints and tips along the way. Additionally, these exercises can be customised easily to suit the needs of your client and guidance is given on how to do this.

Included herer is information for practitioners, specific to how the booklet can be used, but also some general guidance for working with post-natal mothers.

## Guidance for Practitioners

*Before getting started, there are some important matters to be aware of when working with new mothers who may be experiencing postnatal depression, anxiety and other related mental health difficulties. The information below is intended to aid your clinical practice when working with these women, both as part of this treatment and for clinical practice in general.*

### Your Clients

Working with post-natal mothers presents a new set of challenges alongside those common to depression. It can take great bravery for a mother to even seek help for how she is feeling. There is often a strong fear of being judged as not a good enough mum and having her baby taken away. This is a difficult hurdle to overcome; be sure to allay any fears that may present, without making promises that may compromise the safety of mother and baby. Creating a non-judgemental space for your client to speak openly is imperative to the development of a strong therapeutic relationship and consequently, successful treatment outcomes.

#### Example Role-play:

**PWP:** You mentioned earlier Bethany that you have some difficult feelings about being a mother, could you tell me more about those feelings?

**Bethany:** I don't know if I can, I get really scared when I try to talk about my feelings and I usually just close down. My partner has tried to get me to talk about it too, but I can't and he gets upset with me because we used to always be honest with each other.

**PWP:** You mentioned that you feel scared when you talk about how you are feeling; could you tell me more about what is making you feel this way?

**Bethany:** I just don't want to say something that might make people think that I cannot take care of my baby, not even to my partner. I love my baby and would never do anything to harm her, but I don't think anyone would believe that if I told them how I felt inside.

**PWP:** I understand why you might think that; it is a very common feeling amongst mothers, that the way she is feeling is severe enough to warrant having her baby removed from her care. Whilst in some cases that action is necessary, it is only in the extreme cases where there is no other stable support network for the baby and the mother requires immediate intervention from multiple agencies of support. You have already shown to me such caring for your baby that this result seems an unlikely one for you.

## Areas of additional support

During the course of treating a post-natal mother, it is helpful to have knowledge of external sources of support that you can recommend and signpost to. Being a new mother means lots to do, appointments to arrange, supplies to buy and a finite amount of energy to achieve all of this. Your client therefore may be unaware of local support she can access, or has had little opportunity until now to research. Seeking help is a particular feature in session 4, but do not wait until this stage to provide guidance on what else may be available to your client in terms of help and support.

*Keep a list of local resources such as charity/ volunteer sector, children's centres, practical support for parenting, and additional support for infants such as CAMHS, paediatricians and GPs.*

## Homework reviews

The homework reviews are a really important opportunity in the treatment session for your client to express how she is feeling with regard to trying out the exercises, in relation to her home life. It is not easy to reflect on our mood and analyse our patterns of behaviour. It is even harder for a new mother who is struggling with such significant life events going on. Each week, be prepared to listen to and support your client to come up with contingency plans for when things have gone wrong or not to plan. Encourage her to use this kind of contingency based approach to planning, as having a baby can involve lots of uncertainty and unpredictability – so it's good to be able to learn and adapt to situations as they happen. This could consist of ways of managing minor incidents, to action plans for major meltdowns. Take caution here; a minor incident to you may be a major incident to a new mother, so make no assumptions of the severity level.

*Also, don't forget to keep encouraging her to balance her baby's care with her own care – if her own care is in jeopardy, so is the care of her baby.*

## Top tips

There are four important tips to be encouraged throughout your client's journey which feature in session 1 of the client workbook. These will help to enable your client to get the most out of the exercises during and after treatment. Here you can find some guidance that may help express these values to your client;

# Understanding PND symptoms

*“PND can look different from depression at other times. It’s important you have a clear understanding of some of the differences so you can also help your client understand what is and isn’t normal.”*

Think about the normal somatic symptoms associated with depression; tiredness and fatigue, appetite changes, pain, tearfulness, personal neglect.

Now put them in the perspective of being a new mother; -

- Tiredness could be..... night for feeds, or nappy changes. But be aware that excessive worrying about the baby at night or not being able to fall back asleep once the baby is asleep can contribute to tiredness and is not considered a normal part of being a new mum.
- Appetite could increase due to breast feeding; breast feeding mothers need an extra 500 calories per day so eating more is necessary! Mothers who choose not to or are unable to breastfeed no longer have the increased calorie intake demand and therefore may experience appetite decreasing. But, mums who don’t feel a desire for food, who don’t enjoy eating, and who have to be encouraged by their family to eat are struggling with something beyond normal perinatal changes.
- Pain could be felt from labour, tearing, caesarean, back pain from being heavily pregnant etc.
- Thirst – mothers who are breastfeeding need to drink more, but those with PND are less likely to hydrate due to diminished self-care. However, dry mouth can be associated with anxiety and so the cause of this symptom is unclear.



*“When you are assessing PND in new mothers, remember to keep the somatic symptoms in context. Are the somatic symptoms due to physical reasons caused by the pregnancy, or postnatal recovery? Or, is there a psychological component to the somatic symptoms.”*

*Look for at mum’s emotions. Has life lost its lustre? Is her life a perpetual cycle of menial jobs from which she receives no satisfaction? Does her baby bring her occasional satisfaction, or does she struggle to find meaning and closeness with her baby? These factors point to depression.”*

## When to treat? When to refer?

*“As with all new cases, supervision can be the best source of support when you may have concerns about whether to treat or refer a client onwards. As with many mental health difficulties, it is often the case that the diagnostic process is not as clear cut. This can also be the case with perinatal women due to the added fears related to pregnancy, childbirth and caring for a baby.”*

### Childbirth related Trauma

Labour can be a traumatic time for a woman, especially if there were complications that put her health, her baby's health or both of them at risk. As a consequence, this traumatic experience can stay with her for a long time afterwards, affecting how she feels about herself and her baby.

Your client may well bring up her birth story during assessment if she is aware that her current mood is focused on that particular event. This may not always be the case though; if you hear symptoms related to Post Traumatic Stress Disorder, use funnelling to gather as much information to take to supervision. If it is PTSD, refer to step 3 or secondary care for trauma focussed CBT or EMDR, preferably with a clinician who specialises in perinatal care.

However, it may be too soon after giving birth to be diagnosed as PTSD. It may be that the woman needs to talk about her childbirth experience. Explore these feelings and how they affect her. This treatment can offer ways in which these can be explored. Be sure to normalise these feelings with your client; not every labour goes according to the birth plan. Sessions 2 and 3 cover TRAPs and TRACs (explained in more detail later), in which the mother can identify the factors that trigger thoughts and feelings related to her birthing experience and how her actions are then effected.

As the treatment sessions progress, continue to make regular assessments to ensure it has not developed into PTSD. If you discover it has, follow the steps outlined above or per your service protocol for identifying PTSD.

It may also be the case that your client feels these problems related to the labour are a primary factor in her low mood. It may be worth consider stepping up or possibly referring to counselling at low intensity level if the problems are mild. This can also be related to sexual problems with her partner. It may be helpful to ask your client directly about how the birth may or may not have affected the sexual relationship. Gather as much information as possible around the relationship problems and discuss possible referrals to behavioural couple's therapy/ counselling etc with your supervisor if this is a primary concern for her.

### Other perinatal mental health problems

Perinatal OCD is an under-recognised difficulty that new mothers can experience. Cases of Perinatal OCD are similar to OCD with the experience of intrusive thoughts, but can be focused on the baby. This leads to/pairs with by compulsive behaviours that can then focus on ensuring the baby's health/safety etc.

For example – a thought may be around harming the baby - “I have horrible images of pushing the baby under the water when I bathe her.” The mother then may refuse to bathe the baby or may enact a series of routines and checks when bathing the baby.

# Will my low mood impact my child?

Information to give new mothers about postnatal low mood



*“Some mothers worry that their low mood may be having a negative impact on their child. Emphasising the importance of a healthy relationship with their child/children and how it can help to ensure happy and healthy growth and development can reassure mothers that their low mood will not have a lasting impact.”*

## So, will her low mood cause her child to be unhealthy or unhappy?

In some cases, postnatal depression may increase the risk that a child will have future emotional or behavioural difficulties. This isn't a sure thing though. Not all children of mums with low mood experience difficulties.

If the baby has a good relationship with mum (or someone else with whom they have regular contact), even if mum has low mood, then the baby has a very good chance of growing up to be healthy and happy.

If there are significant problems with the relationship with baby, you should refer mum and baby for mother-infant specific treatment in CAMHS or CYP-IAPT.

## Order of delivery

Treatment can be tailored to your client – particularly if key issues arise for your client. For example, communicating with partner may be a key issue and so therefore, whilst Communication is included in week 4, this can be brought forward and worked on straight away. Then you can return to the rest of the sessions or ask your client to pick and choose which are most applicable depending on how many sessions are left. Based upon your client's wishes, one area can be the focus throughout treatment – it is better to achieve quality in one area than to skim the surface of all the material.

## Single mothers

Bear in mind that not all new mothers will have a partner to help them through this difficult time. Try to find this information out in the early stages as it could have a bearing on whether your client engages with the treatment. Communication may be particularly important for single mothers because when you're on your own it can be even more difficult to ask for help. If this is a key area a client wants to work on, the treatment is flexible enough for you to go ahead to section 4 on communication earlier. Also, be aware that it may be important to help single mothers get support very early on in treatment so they have the resources they need to continue with treatment. It may be useful to have a copy of a list of other sources of support to pass on to your client, specifically to your area. Increase awareness of local government schemes which are available to her.

## How can you help your client?

This booklet is designed to help you and your client work together to understand, manage and overcome low mood. Introduce the way in which you will be working together through the booklet with your client, asking her to bring her copy to each session to review her progress – even if she has not done the activities.

There are six sessions in the booklet, which you will work through with your client over the course of treatment. It's critical to work at your client's pace, rather than trying to be sure to complete a session in the booklet each week. It's more important to complete a session well and thoroughly, even if it takes a couple of weeks, than to finish all the sessions but at a surface level.

Whilst the booklet contains information for 6 sessions, these do not necessarily have to be completed at that pace, or in that order – if a specific problem arises for your client and the booklet contains help and advice for that, the treatment is flexible in the sense that you can focus on the parts most relevant to her and move freely through the materials with your client.

Each week you will recap the previous session, check in with regard to risk and review the homework tasks with your client, before moving on to the task/s of the current week.

●	<b>Session 1</b> <b>Getting Started</b> Introduction to understating the depression cycle	13-26
●	<b>Session 2</b> <b>Identifying TRAPs</b> Identifying patterns that help maintain the depression cycle	27-38
●	<b>Session 3</b> <b>Turning TRAPs into TRACs</b> Breaking patterns by developing alternative coping strategies	39-48
●	<b>Session 4</b> <b>Support and Communication</b> Strategies for good communication and asking for support	49-60
●	<b>Session 5</b> <b>Being a 'Good Enough' Mum</b> Identifying your own 'mummy goals', and using alternative coping strategies to meet them	61-72
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# Before Session 1

When experiencing low mood, it is often the case that feeling this way can colour our perception of daily life. As a consequence, when a client is meeting a service provider for an assessment or treatment, low mood can sometimes cast a far-reaching shadow over many aspects of his/her life and therefore affect the information that is disclosed. Gathering information leading up to the assessment, rather than looking back over a period of time can help to counter these negative biases.

It is recommended, where possible, that clients are provided with these self-help materials before the first treatment session in order to complete a brief monitoring task. The information can then be collated to assist in the formation of the problem statement and provide focus during the assessment.

This diary is for your client to complete in the days leading up to the first assessment. The client self-help booklet includes instructions on how this can be used to help in acknowledging and understanding how she is feeling. The task does not necessarily need to be covered in detail during the assessment unless your client feels it may assist her, but it can be really helpful when constructing the problem statement in identifying the key problems areas and impacts

# Session

## 1 Getting Started

Introduction to understanding the depression cycle

### Introductions

Having a new child is a life changing event. New mothers are adjusting to huge changes in many ways; socially, personally, psychologically and physically. Your client will be seeing many different professionals including community midwives, health visitors and possibly social workers among others. Motherhood is a time when women can feel under the most scrutiny from other people, including professionals and so, taking a non-judgmental stance with your client is really important. A clear introduction of your role and how you can help will go a long way in the initial stages of forming a strong relationship that establishes you as a competent supporter and sets up the sessions as having structure and aiming to achieve specific goals.

*“This type of change is enough to unsettle anyone. It can also be confusing having so many changes going on and not knowing whether the way you’re feeling is just a normal part of motherhood or if its depression. Creating a statement together about the problems you’re facing can help us to understand your experience of symptoms, to figure out what post-natal depression looks like for you.”*

Revisit the problem statement that was written during assessment

Or...

Construct a Problem Statement as the first activity in this session

*“A problem statement serves as a brief summary of the main difficulties, written collaboratively with your client to create a shared understanding of the difficulties she is experiencing, to establish goals for treatment and to monitor particular areas of improvement over the weeks. We will review the problem statement at regular intervals to help recognise changes and notice improvements in how you are feeling along the way.”*

My main problem is...

Physical:

Behavioural:

Emotional feelings:

How has your life been impacted as a result of this?

The client booklet includes a space to write the Problem Statement in full. This can be helpful for her to look at each week or every few weeks to look out for differences in how she is feeling, if any others problems arise or for the areas she wishes to focus on.

Summarise problem statement with the intention of weaving in the risk assessment. An example script can be found below if you are unsure of how this might look.

# Risk Assessment

Having asked your client about the impact of their current experience, it is recommended that you weave in the risk assessment at this point. Remind your client of the information gathered during the risk section of their initial assessment and enquire about any changes they may have noticed up to now. For example:

**PWP:** Your problem statement tells me that you have been through a really hard time recently managing with your new baby Katherine, you said that you constantly feel tired but have trouble falling asleep at night. You sometimes fall asleep during the day but you become irritable with your baby if he wakes you. You have noticed that your thoughts about having a baby have become quite negative and upsetting for you. As a result of these difficulties, there is a strain on your relationship with your partner and you are not seeing your friends and family very often and both your partner and family are getting worried about you.

You mentioned in the problem statement that you were having some very negative and upsetting thoughts. During your assessment 2 weeks ago, you told the PWP/me that you have been experiencing difficult thoughts including 'It would be so much easier if I didn't wake up in the morning', or 'it would be much easier if I had never had a baby', Is that right?

**Katherine:** That's right, yes. I am still having thoughts like that.

**PWP:** You are still having thoughts like that, could you tell me if there been any changes in the nature of these thoughts since your assessment?

**Katherine:** They haven't changed too much really; I still get them when I try to lie down to go to sleep at night. I think of all the times I will have to wake up overnight and it just sends my thoughts and mood spiralling down.

**PWP:** That must be quite disheartening for you to feel that way. Have you noticed any changes, for example, have the thoughts gotten more frequent or intense?

**Katherine:** No, not really. Same as usual, really just get them on the bad days when my baby has cried a lot or won't nap.

**PWP:** Okay. It sounds like those can be tricky times for you, but that most of the time you're not having the thoughts, or they aren't intense. Is that right?

**Katherine:** Yeah, that's about right.

**PWP:** I know that those can be uncomfortable thoughts, and I appreciate your willingness to go over them. Let's just keep an eye on them and see how they go. Many people who work through this programme find that these types of feelings and thoughts improve as their mood improves, but sometimes they can also be sticky or even get worse. So, I'll check in on this briefly each week at the beginning of our session.

Shall we focus now on what you did with the treatment over the last week?

In this first treatment session, inform your client that each week you will check with her about how she is feeling in terms of risk and if there have been any changes in the way she has been feeling.

## Time

Do the programme at a pace that works for you. Even a few minutes a day is great.

## Compassion

Be kind to yourself. Try to practice speaking to yourself in a gentle and forgiving manner.

## Effectiveness

The course isn't about doing things the "right" way or "wrong" way. It's about helping you find strategies that work for you and help you.

## Curiosity

It can be easy to predict how you think things might go - either negatively or positively. We ask you to stay curious and open about what might happen.

Go over these top tips. As your client progresses through the workbook, remind them to keep these four values in mind. This treatment should never feel too much for her to do each week.

# Understanding the cycle of depression

A good place to start is to find out what your client already knows about low mood and post-natal depression. Sometimes it can be difficult for a mother to know if she has PND, as her idea of depression may be similar to some of the normative experiences of motherhood. (Refer to the guidance for practitioners from page 2 about the differences.)

- What does PND mean for them, for how they are as a mum?
- How does Post-Natal depression differ from regular depression?



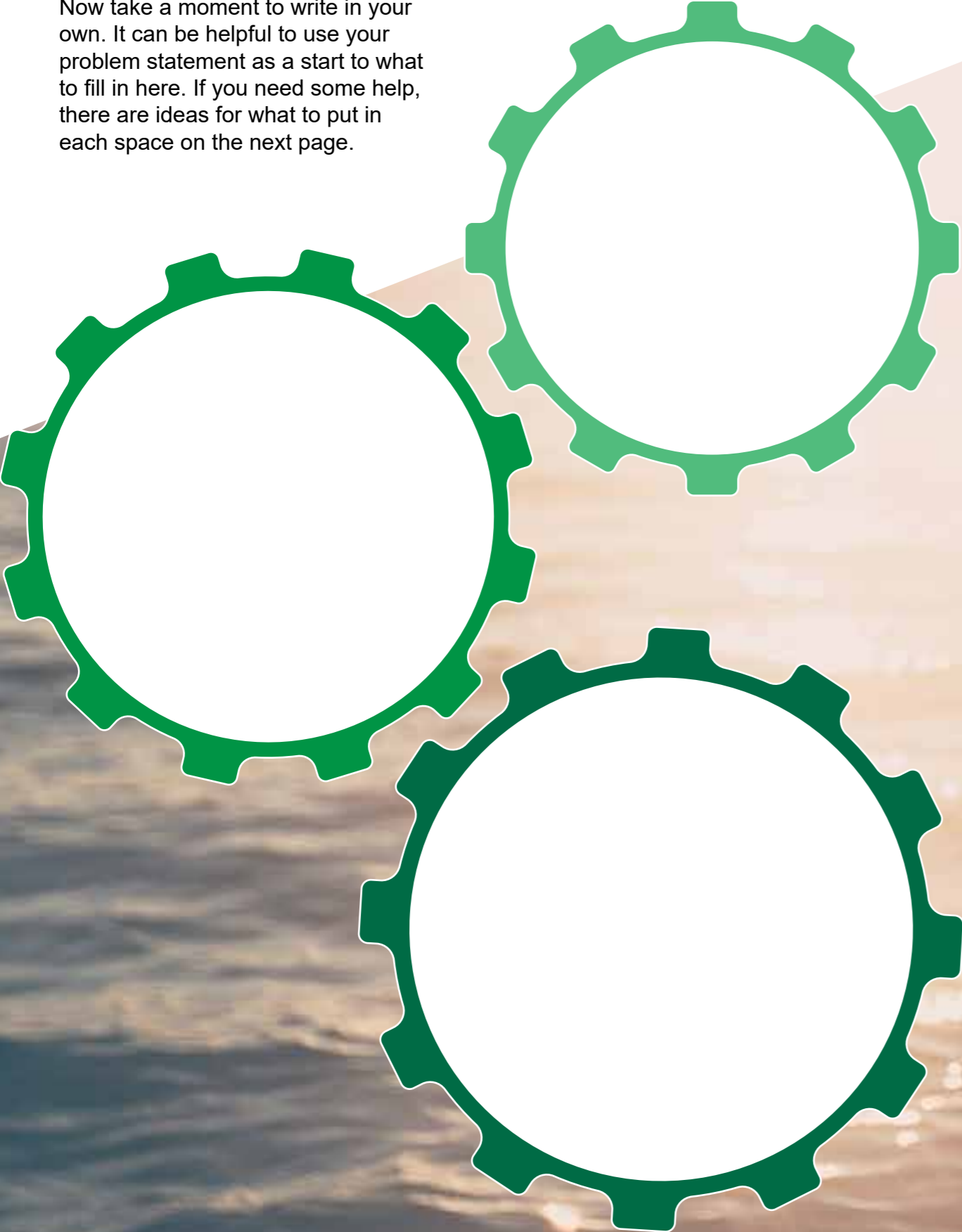
These are examples of how a woman may feel about motherhood; no specific symptoms but a mix of emotions, cognitions, a feeling of discontent.

- Inability to experience the ups, i.e. the moments of bonding and only being able to feel and experience the downs
- General feeling of unhappiness
- Inability to relax, being too busy
- Sense of going through the motions – no sense of accomplishment
- Doing all the right things, but they feel like they're doing the worst things
- Sense that all the tasks are endless – perpetual cycle of menial jobs
- Feelings of being desperately alone and solely responsible, with no-one to understand or help them

Perinatal mothers are often functioning at a high level in order to care for their baby and so may not appreciate that their health and wellbeing has been compromised.

# Exercise 1: Your Depression Cycle

Now take a moment to write in your own. It can be helpful to use your problem statement as a start to what to fill in here. If you need some help, there are ideas for what to put in each space on the next page.



Support your client to develop an understanding of what the cycle of depression looks like for them. Drawing on some examples of your client's experience, perhaps starting with their problem statement, can be a very powerful tool for increasing awareness of the factors maintaining her low mood.

The important thing to draw out is relationship between mood and behaviour. Use the chart here to support this exercise if the client struggles to find her own words.

Physical Symptoms	Feelings	Behaviours
Changes in appetite	Sadness	Stop doing activities you used to enjoy
Problems with sleeping/ Insomnia	Worthlessness	Not answer the phone to friends
Fatigue	Guilt	Procrastination (putting off important tasks by focusing on less important tasks)
Exhaustion	Anxiety	Snapping at people or having arguments
Headaches	Anger	Spacing out in front of the TV
Loss of sex drive	Irritation	Worrying
Tearfulness	Hopelessness	Eating more
Loss of concentration	Helplessness	Eating less
Restlessness	Emptiness	Doing lots of things to avoid unpleasant feelings
	Worry	
	Overwhelmed	
	Empty	
	Frustrated	
	Inadequate	
	Unable to cope	

Exercise 2: Mood diary

It can be helpful to track our mood, feelings and actions on a day-to-day basis to look for patterns that we may want to address in this course. Below is a Mood Diary that your client can use to help do this. Advise the mother to put aside some moments each day to try and fill out the mood diary. Be prepared to think of alternative methods that may fit in with her schedule or suit her preferences.

For example, some may find it embarrassing or effortful to carry paper copies around. In this case, it would be appropriate to recommend using a mobile phone or small, discrete notebook instead. Be flexible around the needs of your client.

Date:

Time of day I felt bad / good:  
*Looking for patterns of low mood, help notice triggers and identify areas to work on*

What was happening?  
*Encourage being aware of what is going on at the time of good/bad mood.*

How did I feel?  
*It can really help your client notice more positive elements of the day by being more open and creative with different emotions; relaxed, calm, connected, relieved, or go for less negative feelings such as less guilt, less stressed, less tense*

How did I respond?  
*Encourage your client to be kind to herself when reflecting on how she responded to difficult situations*

What was the outcome of this response?  
*Drawing out differences between short and long term outcomes  
Short term relief – link to acting outside in*

*“In some cases, like depression, PND can result in complete anhedonia. Nothing felt good today. In this case, try to encourage your client to find relief in the little things; this could be actively getting something done, or could equally be just collapsing on the sofa and relaxing for 5 minutes, sitting in front of the TV, going to the toilet by herself, whatever works for your client.”*

*During the homework review in subsequent sessions- The smallest changes can make a world of difference to a woman with PND; be as encouraging of those moments as of the bigger accomplishments*

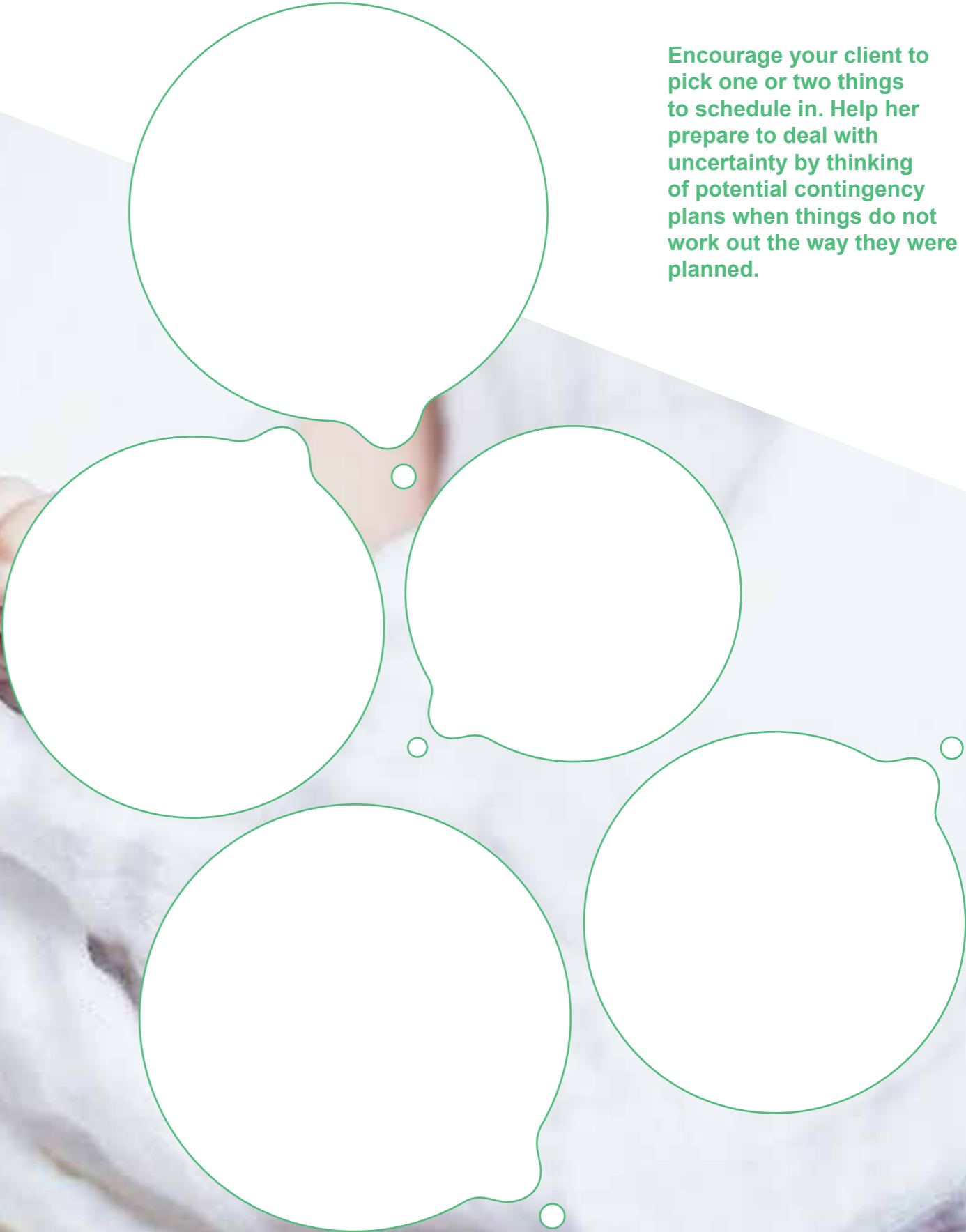
### Exercise 3: Self-care selection

Self-care is an essential part of being a good mum – a healthy and happy mum leads to a healthy and happy baby. This is about encouraging your client to take care of herself, doing things that are good for her physical and emotional health. Think of the airplane analogy – adults are advised to put on their own oxygen mask before they attend to the oxygen mask of their child.

This part is not to be confused with scheduling in pleasurable activities as you would in behavioural activation.

Keep in mind that often self-care will sometimes have to be done in the context of caring for others (baby, other children), so it may be about finding creative ways to weave in self-care opportunities. Over the course of treatment, you could work with mum towards finding self-care activities just for her.

Encourage your client to pick one or two things to schedule in. Help her prepare to deal with uncertainty by thinking of potential contingency plans when things do not work out the way they were planned.



# Remember!

End the session by providing a summary of what you have covered together in the session.

Try to weave in some of these key points below from the activities covered in this session;

- What we do daily affects our mood.
- Some activities we do can maintain low mood – we can get into patterns of behaviour which keep depression going.
- By identifying these patterns using the Mood Diary you can start to identify areas that you may want to work on in this course – your personal goals.
- Be compassionate to yourself and take your time – even completing the log little but often will help.
- Learning; wish her well with the homework, reassure that if she cannot get it done, then she can still come back and talk about it next week – it is not possible to fail the homework.
- Be curious; take the learning from today and give it a try, you never know it may help.
- Finally, agree the next point of contact. Thank you for coming in to see me today, it was lovely to meet you and I look forward to seeing you again for our next session.

# Session

## 2

### Identifying TRAPs

Identifying patterns that help maintain the depression cycle

#### Welcome back!

In this session, start by running briefly over the problem statement.

- *Would you like to read it out, or would you like me to read it?*
- *So, last week we talked about xx and xx being the primary problems you wanted to work on. Is there anything you wanted to add or change in the statement?*

With regard to reviewing risk, briefly remind your client of the information they provided in the previous session and enquire as to whether this has changed at all.

#### Homework Review

How did your exercises over the week go?

- *This is a chance for your client to talk about her week within the structure of the homework. Begin by asking about how the exercises from last week went for her.*

Were you able to get anything done? If not, don't worry. This happens to a lot of people. Everything that happens (or doesn't happen) is an opportunity for learning. It can be useful to take a moment to reflect on and write down things that got in the way of doing the exercises.

- *Use reflective listening here, understand what problems arose for her and instil hope – it will get easier with practice.*

#### Did things get in the way?

If so, what were they?

Gathering information from your client here and reflecting back will help her to identify how and why problems arose, and stimulate ideas of how to overcome them next time. Try to get concrete information about what happened.

Looking at your mood diary, or reflecting back over the week, take a moment to write down any patterns in your mood and actions that you may have noticed.

Taking stock of one's own behavioural patterns, especially ones that have a negative effect, may be quite difficult for your client. Reassure your client that, in the moment, they acted that way for a reason. It gave her short term relief or perhaps was a way of acting that worked in the past but may not be working as well for her right now.

Remember - We do things for a reason! Explore short term outcomes with your client to find this reason. Point out that in the long term, that behaviour is contributing to and maintaining low mood. Discuss any barriers to trying out new ways of being – e.g. don't know if they are going to work. Be prepared to act as a 'compassionate sceptic' if, in your client's eyes, the negative seems to outweigh the positive or even trying out very small changes seems too much.

## Looking at patterns a bit more in depth

*“Here, you can help your client to understand that when we are low, we can sometimes get stuck in patterns that make it difficult to get out of feeling low.”*

Sometimes when we're low we can put-off things that feel difficult. Or sometimes the fatigue and busyness of being a mum can take over and it can be difficult to get round to doing things that are important, or that you had been meaning to, or perhaps are tricky to do.

Whilst this provides relief in the short term, it can have a direct impact on your mood. The diagram below shows how our behaviour is linked to emotions



**Behaviours**

*Not asking for help*

**Emotions**

*Feeling low*

**Example:**

*“I found it really difficult to ask for help. I found myself not talking to my husband about how I felt, especially as he seemed to take to being a Dad so easily. Before I used to always talk to my husband if something was troubling me but I really did not think he would understand how difficult I was finding motherhood. I know in the long term not talking to him just made things worse and made me more likely not to ask for help from him.”*

It's normal and perfectly understandable to put-off doing things that feel difficult. Remind your client about the homework review that there is always a reason why we do things, why we chose to behave in such a way – to be able to carry on, to be able to cope and that it helped, in the short term. When these things become a pattern though, we can get stuck in low mood. In the long term, these actions and coping mechanisms become the maintaining factor of our low mood and we need to break out of this vicious cycle.

Here, explain to your client that it is easier for us to act our way out of depression than to think our way out. By acting according to a plan, by acting 'outside-in', we can get back to doing the things that we need to do and get some 'feel good' positive reinforcement from completing tasks. This will help you to break the cycle of depression, becoming more active and more productive, whilst feeling the joy of motherhood again.

The difference between acting inside-out and outside-in

When we feel low, we may act according to how we feel inside. We know that going out and getting some fresh air will help us feel better, but the energy just isn't there. This is called acting 'Inside-Out', so we act according to how we feel inside.

It is easier to act our way out of depression than to think our way out.

By doing things that give you a sense of reward and accomplishment (even if they are very small things) can start to help us feel better. So, what we need to do is turn this around and start acting 'Outside-In', to start doing things that we have planned to do, despite how we may be feeling inside.

Inside - out

"I have a lot of washing to do and there are some dishes to do... but I'm so tired and it all seems overwhelming. I will just do this other thing and come back to it later".

Later on...

"I feel too tired to gather all the laundry now, I will do it tomorrow"

Outside - in

"I have a lot of washing to do, so I will put a load on now. There are some dishes to do, if I do those now, when my baby wakes up I can sit down and feed her and have a cup of tea".

Later on...

Sense of accomplishment as some jobs can be struck off the to-do list.

Case Study

I meant to get out with baby for a walk, but we'd had a tough night the night before. Actually, we've been having a lot of tough nights recently, and I'm really exhausted. When I finally got round that afternoon to trying to get ready for a walk, baby was fussy, and needed a feed. I fed my baby, and baby then fell asleep! I just felt too tired to move at that point, and sat and watched TV instead, watching the bright sunny day outside. I felt awful and exhausted.

It's normal and perfectly understandable to put-off doing things that feel difficult. When these things become a pattern though, we can get stuck in low mood.

If you were acting Outside-In, what could you have done differently, bearing the guidance above in mind. Could there be opportunities to get some rest in this scenario?

TIP! Look back to section 1 when we were thinking about self-care activities!

Important Note: It is a really tough challenge in the initial stages to start acting outside-in, what we need to do and what we feel like doing can be very different.

Being a mum and being busy go hand in hand, so it is really important to make sure you are getting enough rest. Think about ways in which you can get enough rest and still get things done. For example – take a nap whilst baby is napping and then when your partner is home, decide together what things need doing, divide these tasks between you and take it in turns to take care of the baby if they stir in the evening.

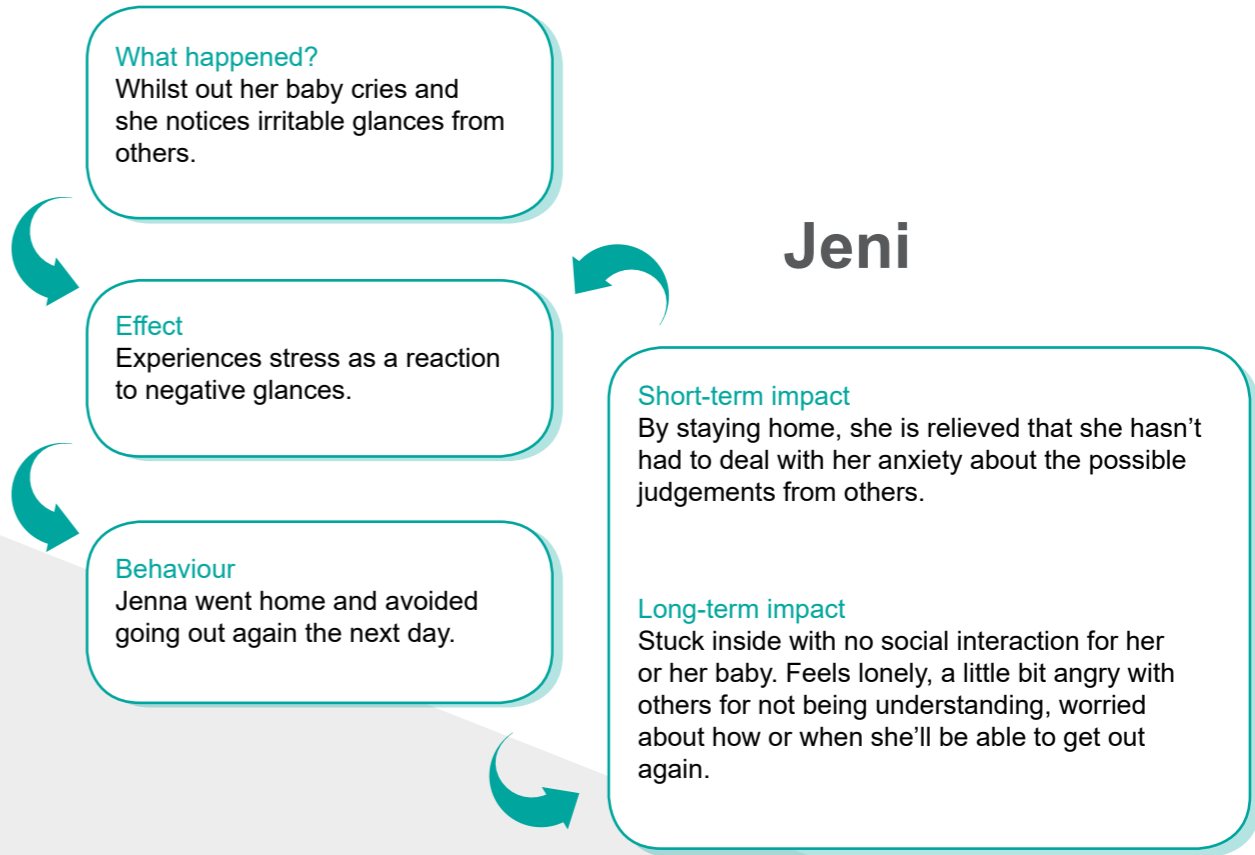
# When we get stuck

## The TRAP Model

The TRAP model is one way to draw out links between mood and actions and the impact that these have on us, both short and long-term.



# Sara



# Jeni

## Exercise 1: Your Own TRAP

Have a go at using the TRAP model with your client. It may be useful to go back to the Mood Diary again to see if there are any examples there, or reflect some information that was gathered in the homework review to enable your client to complete it.

### What happened?

It may be helpful here to draw on the homework review to find triggers and reactions. Keep it collaborative by asking your client about these and what their avoidance patterns were.

### Effect

Use open questions to assist your client to recognise how they felt in the situation. It may be difficult to separate how it made her feel and what she did to manage the situation.

### Behaviour

Be on the lookout for avoidant behaviour, behaviours that provide a 'quick fix' in the moment, but add to the maintenance of low mood.

### Short-term impact

How does this behaviour help your client cope at the time of the problem/situation, creating a sense of short-term relief?

### Long-term impact

What contribution has this behaviour made to her mood over the weeks/months? Where else has she felt the impact in other life areas?

## AVOIDANCE:

Occasionally it can be difficult for mothers to become aware of and accept that they demonstrate avoidant behaviour. If this is the case, it can help to ask your client to describe what she does or does not do in these situations that are effecting her mood. How does this compare with what she would like to be doing in her new role as a mother? What does she expect of herself?

Furthermore, it can help to look at the barriers that stand between where she is currently and where she would like to be.

Tackling avoidant behaviour can be very challenging. Avoidant behaviour does not mean that we assume the mother is not busy, she may be very busy but may be avoiding doing difficult or important tasks – and these may likely be associated with her low mood. Keep an eye out for mums who are avoiding doing self-care oriented activities. It is typical for mothers to take care of everyone and everything before themselves, and this can easily lead to or perpetuate low mood. Mothers with PND may see little opportunity to amend patterns of behaviour, believing that her situation or her baby is the barrier preventing her from practicing healthier or more functional behaviours.

*“When this challenge arises, using problem-solving to work through these barriers together can assist in recognising the causal factors; the TRAP acronym is a tool for functional analysis. It can help your client to understand how she got into this pattern and what she really needs now to get out of it.”*

## AVOIDANCE:

- *Support your client to make positive changes by using goal setting.*

Start by funnelling around where she currently is in terms of her goals for being a mother, where she wants to be, what are the obstacles and how can she get around these. Are these realistic expectations for a new mother? Encourage your client to be compassionate to herself and not set the bar too high for success. It may also be helpful to provide your client with the goal setting booklet, if this a particular area she would like to work on.

- *Asking for advice; many other mums have been in similar situations and most will offer support and guidance.*

Encourage your client to access sources of information such as websites, chatrooms, local mum and baby groups or even friends and family members who are also mothers. For mothers who are anxious about joining these groups, it may be useful for them to use Netmums local “meet a mum” feature, or to post in local FB mum groups for other mothers who are happy to meet up one-on-one with the client.

- *Being a new mother means learning how to integrate this new role with her old role/s, whether that be as a wife, friend, sister or work colleague*

Having a baby is a fundamental and lasting change and sometimes mothers can find it difficult to let go of her old role. Setting new boundaries, new expectations of herself can help with easing this pressure. Encouraging and building assertiveness will help to communicate these boundaries to others.

## Remember!

End this session by summarising the tasks covered today and be sure to remind your client of these key points.

Please see the final page of session one for examples of weaving in the topics covered with the reminders

- Our behaviour and our mood are linked.
- Sometimes when feeling low we can get stuck in unhelpful patterns of behaviour. These patterns of behaviour then also help to keep us low.
- You may find it useful to use the Mood Diary to help identify these patterns.
- By identifying these patterns using the TRAP model you can start to identify areas that you may want to work on in this course.
- Remember –take your time – if you need to carry on working on Session 1 for a while this is fine. Doing the exercises at least a little and often will really help.

**Keep up the mood-diary.**

# Session

## 3

### Turning TRAPs into TRACs

Breaking patterns by developing alternative coping strategies

#### Homework Review

How did your exercises over the week go? Were you able to get anything done? Again, it can be useful to take a moment to reflect on any things that got in the way of doing the exercises

Have you been able to identify any TRAPs? What were they? If you're stuck, it might be helpful to look back over your mood diary from the past few weeks.

Again, some mothers may struggle to recognise avoidant behaviour, or come up with reasons why they had to act in their chosen way or had no alternative. Help them to explore a time when they felt low during the week, and then help them to break it down. What preceded that moment? What was going on during that moment? How did they want it to go? What actions or behaviours would have made the situation different? Avoidance is likely to be present in what they actually did (or didn't) do in that situation.

#### Welcome back!

To get started, begin by briefly running over the problem statement. Encourage your client to reflect on the progress they have made in light of their statement.

- *Would you like to read it out, or would you like me to read it?*
- *So, last week we talked about xx and xx being the primary problems you wanted to work on. Is there anything you wanted to add or change in the statement?*

With regard to reviewing risk, briefly remind your client of the information they provided in the previous session and enquire as to whether this has changed at all.

Did things get in the way? If so, what were they? How did you feel about trying out the exercises in your own time? What did you do in the situation when something got in the way?

This week's homework review will be the first time your client is reporting back on how her week went with an increased awareness of her patterns of behaviour and avoidance. It may be that simply having an awareness of these has helped her to better cope with the past week. In some cases, it may be that this awareness brings up further discomfort or problems. Remind your client that part of therapy is learning about yourself, with this new knowledge it is possible to make helpful changes.

*"Getting started can seem like a big step. It's usually best to start with areas that are important to you, but aren't the most difficult."*

### Exercise 1: What were your key TRAPs?

Encourage your client to reflect on this exercise, what has she identified over the week? What were the problems that came up again and again? Are there any important things that you want to work on? Pick one or two that you want to work on, and write them below.

We're going to work on turning your TRAPs around to handle situations more effectively. We call this turning your TRAPs into TRACs.

*Eg. Communication was a key problem for Michaela. She struggled to ask her partner for help with night waking and as a consequence, she was exhausted and felt increasing anxiety that baby would not get back to sleep.*

*It is okay to be flexible here with order in which the content of the treatment is delivered. If there are some aspects that are more appropriate for your client's needs right now; in this example, Session 4: Communication may be more helpful right now, so go ahead to that part and revisit the following section later.*

**TRAC stands for: Trigger  
Reaction  
Alternative  
Coping**

#### What happened?

Baby cried for 3 hours solid

#### Effect

Couldn't get anything done around the house.  
Felt tired, irritable, overwhelmed

#### Behaviour

Snapped at baby and partner.  
Cried. Didn't ask for any help

#### Short-term impact

Felt isolated from my baby and my partner

### Example: Tamala's TRAP

Here is an example of how Tamala turned one of her TRAPs into a TRAC. She decided to ask for some help from her partner.

#### Alternative coping

Ask partner to take baby for 20 minutes

Take some household activity upstairs (i.e. laundry) so I am not around screaming baby

#### Short-term impact

Difficult to ask for help  
Partner was irritable and grumpy

#### Long-term impact

Sense of relief  
Sense of accomplishment  
Later thanked partner and he was OK

Implementing change can be a difficult process for anybody, let alone a new mother who is experiencing low mood. It can be difficult to see another way of doing something, especially when the old way has been the norm for so long. Try to read your client; what kind of support does she need in this process? If in doubt, ask her. What kind of help do you think you need to achieve this? Am I the right person to help you think about this? Could your partner help you? Be prepared to compassionately challenge the internal barriers your client may present "Where am I going to find the time? I can't, I just can't!" Your client has already come a long, long way to get to this point. Remind her of this, of what she has already achieved.



## Exercise 2: Alternative coping strategies

Now encourage your client to think of some alternative coping strategies for a TRAP that she would like to work on. The bubbles below contain some guidance to give to your client.

*Support your client to think of alternatives; it can often be hard to see a different way of being*

*Start small; making small gains over the weeks will lead to sustainable improvement.*

*Realistic; is the alternative something that is possible for your client?*

*Appropriate; is it right for her? Or something she sees other mums doing?*

*Achievable; is the alternative something that she is capable of doing?*

*Barriers; what might get in the way of putting new coping strategies in place? What can you do to deal with these barriers?*

*External Barriers; what factors might arise around you that might prevent you from acting according to a plan? Baby is crying a lot? Partner had to work late?*

*Internal Barriers; what factors might occur within you that might stop you from acting according to a plan? Tiredness? Low mood?*

## Tips

Encourage your client to always focus on what might work for her; if she doesn't feel like it is right for her then it will be even harder for her to try out and succeed.

Remember that with a baby, your client will have to think about 2 (or 3 or 4 or maybe more if you have more children) people. Things will take longer than they used to, and she may have to plan for more alternatives. It might be helpful in the session to work together on one alternative coping strategy and to go into a lot of detail using the guidance above and then suggest she works on some more on her own if she feels able to. This will help with time constraints plus instil a sense of self-agency in your client.

It may be that your client thinks that she "should" be able to manage everything on her own – but veteran mums would say that no one can do it all by themselves. What support or help could your client benefit from? As previously mentioned, the internet is a great source of information and there are many social media platforms that mums advise each other on all the time.

Let your client know that the next session, Session 4 is about communication and support networks; if your client thinks she would benefit from closer face to face support, there are exercises in that section which might help her to access the support she needs.

### Exercise 3: Testing out your TRAC this week

Your client will choose a TRAC to try out this week. This section is about planning the right time to test it out. Using the advice above, help your client to construct a plan. See example below.

#### What?

Set your client up for success, encourage her to make it easy to get maximum gain from the coping strategies. That way, they will soon be part of normal day to day living.

Example;  
When my baby begins to cry solidly...

If on my own, I will put him/her in the buggy and go for a gentle walk around the block

If partner is around, I will ask him/her to take the baby so I can do something else for 20 minutes such as household task.

Note that this example relies on the baby crying for prolonged periods of time. Whilst this may not happen again, it can be reassuring and quite a relief just to have an action plan in place, that your partner or others involved have agreed to help you with.

#### When?

Do it at the best opportunity (not time of day) for client and baby, together they will achieve their goals. Think of the potential barriers and ways of dealing with these. I.e nap, quiet alert etc

Example;  
I know that I do not feel at my best first thing in the morning, so I have planned my alternative coping strategy to tackle the household chores when my baby normally has his afternoon nap, at around 2pm.

### How does your client think she might feel at first?

She might feel worse to start with, but it is important to keep in mind the longer term. Try to help your client think of ways to stay motivated.

#### Short-term impact:

Testing out alternative strategies will take more energy as they will not be what she is used to. New and uncertain things can seem daunting; encourage her to see this as a trial and improvement exercise, if it doesn't work first time round, help her to keep on track, think about the problems that arose and how she can fix them. Act outside in. Short term change can lead to long term gains.

Example;  
I planned the household chores according to my baby's normal nap times so could do them without interruption. As a consequence, I achieved everything I set out to do.

#### Long-term impact:

It can be helpful to focus on how taking some time out in the short term might help her actually gain more time in the future. Ask your client what she would like to achieve in the long term from making small changes now? Explore what this would feel like for her, this can help to inspire motivation.

Example;  
As I had completed all my tasks yesterday, I stayed in bed and napped with baby and partner. I felt the warmth of my family, felt the closeness, like the bond we shared was getting stronger. I could relax in the moment.

# Top Tip!

Remember to stay balanced, and to look after yourself. Some women find it helpful to think of the oxygen mask analogy.

*On aeroplanes, should you need to use an oxygen mask because of a sudden loss in pressure, put the mask on yourself first, and then on your child. The message is clear: if you're not breathing, then you can't take care of your child. Depression is the same. It drains you of energy so that you can't take care of yourself or your child(ren) in the way you'd like to do. This programme will help you to "refuel."*

# Remember!

Summarise the session with your client, weaving in some of these reminders:

- TRAPs help maintain low mood.
- To move from the TRAPs you find yourself stuck in you need to start developing alternative coping strategies – moving from a TRAP to a TRAC.
- Trying out these alternative coping strategies will be hard at first – it may mean doing things that you have been avoiding for a long time.
- It is best to commit to a time to try out your alternative coping strategy – this will help you to test the strategy out.
- Trying out alternative coping strategies is trial and error – some may work for you and some may not.
- Remember to keep doing this at your own pace and to be kind to yourself - if you are having difficulty with the exercises keep practicing.

# Session

## 4

### Support and Communication

Strategies for good communication and asking for support

#### Welcome back!

To get started, begin by briefly running over the problem statement. Encourage your client to reflect on the progress they have made in light of their statement.

- *Would you like to read it out, or would you like me to read it?*
- *So the problem we have been working on over the past few weeks has been xx (main problem) and last week, we specifically talked about doing xx (homework task). Is there anything you wanted to add or change in the problem statement?*

With regard to reviewing risk, briefly remind your client of the information they provided in the previous session and enquire as to whether this has changed at all.

#### Homework Review

Since the last session, hopefully your client has been able to try out one of her alternative coping strategies. Reassure her that it is okay if she hasn't – these changes can take time and there are even opportunities to learn from situations where she may struggle to get things done. Use this time to listen to your client as she reflects upon what went well or not so well, if any obstacles arose and how she feels about the alternative coping strategies now.

The flow chart here provides some useful questions to consider asking your client.

#### Top Tip!

For clients who were unable to implement their new TRACs – try to notice times in the week where they felt something was sweet, lovely or cuddly etc. For clients who are struggling to implement change: It can be difficult, when you're juggling so much with a new baby, to focus on changes. Take things one step at a time and remember that even small gains, even for a moment, are important. Take a moment to pause and give yourself credit for these small gains.

Were you able to try out any of your alternative coping strategies this week?

NO

What got in the way?

Are there any changes you can make, to help make sure you are able to implement your alternative coping strategies in the future?

*Sometimes it might be hard to see any other way of doing things and that's okay. We can talk through this and come up with some ideas together. Or look to other people/mums for advice and inspiration.*

YES

Fantastic! Was your alternative coping strategy effective?

NO  
It didn't go very well

YES  
It worked really well!

That's ok. Why do you think this strategy didn't work?

Can you think of any other strategies that might work better?

That's great! Why do you think this strategy was effective?

At other times, it can feel as if it might be impossible to find pleasure or satisfaction in the whirlwind of tasks that can surround you with a new baby. Mums often talk about how their previously enjoyed activities have gone out the window. These are still worthy things to strive for, but as you're going about your day-to-day tasks, it's also worth trying to pause and notice little opportunities for pleasure as well. They can make a difference.

Example: Even though she might be exhausted, Deepa adored looking at her baby's long eyelashes when he finally fell asleep. Deepa knew that the cloud of depression was starting to break when she could hear the birds singing outside her window.

# This session focuses on communication

Having a baby involves lots of changes and is a really tough job. Everyone needs support. The kinds and amounts of support a new mother needs may be different than before she had her baby. A lot of your clients will find it difficult to ask for help though. They can feel like they should be able to manage, or they be the used to being the helper, not the one being helped!

This session focuses on helping your client to overcome the barriers to communicating well with others. This may be when asking for help, or arranging a coffee date with friends, or calling up to find out more about a local mum and baby group.

It may be that ways that your client communicated before may not work as well now. This next part of the booklet will focus on ameliorating communication skills through reflection on and planning out conversations.

*So communication is a really important skill for mothers!*

*Firstly, it's important to let your client know that we all need different types of support*

Support can be emotional or practical. Encourage your client to think about what kind of support they need. Does she get this support?

Sometimes you just need someone to listen and understand, sometimes you need someone to help you get things done. Is there anyone that your client can talk to? Anyone who can help her?

If she does not have a partner, who else can she turn to for help?

*Secondly, we all need different levels of support*

Different people also provide different levels of support. For example, she may enjoy going to playgroup with some mums, having a really close relationship with a couple of other friends, and having some friends with whom she can go out with occasionally.

*"No one person will provide all the kinds and level of support that we need. Some people are better at emotional support, some at practical support. It can be useful to identify who is good at providing different kinds of support and approach those individuals for what you need."*

For those you feel closest to, write their names closer to the centre of the circle. Remember, different people can give us different support, so have a think about emotional, practical and other types of support you need and write down the names of the people who can give that to you.



Therapist should have summed up who they have good support with – and whether they have good practical / emotional support.

### What types of support do I need?

This is an opportunity to link back to problem statement. – how does this support help you with your problem area, OR what kind of support do you need to help you with this problem area?

### Who can I get this support from?

It may be that there are people they are very close to that it makes clear sense to ask support from. In other cases, it may be that people they were close to before they are feeling less close to because those individuals aren't providing the kind of support they need. Lastly, there may be people they were close to before who they don't feel close to now, and it may be a priority for them to get back into activities with those people, or to find others like those individuals in new activities (e.g., I used to go out dancing with x individuals but can't now that I have a baby. But, I like having friends who I can go and do things with. – this mum may wish to explore mother and baby groups more and build up mum friends, in addition to her other friends. Or, she may wish to try going to coffee or on walks with her other non-parent friends, even though though.

Can you think back to times in the past that you have communicated well?

*If your client struggles to think of something, perhaps looks to former roles in employment, with friends etc. It does not necessarily have to be with her partner or family.*

What were the things you did that helped you communicate well?

*If she cannot think of what it was that helped her specifically, ask her to think about what good communication looks like for her and describe that.*

Can you think of ways that other people have communicated well that might work for you? Can you think of specific things they do? It might also help to observe them over the next week if you are able to.

*Can you think of ways that other people have communicated well that might work for you? Can you think of specific things they do?*

## Exercise 1: Reflecting on good communication

All of us have our own style of communication. The most important thing is that you can help your client to build on what works best for her. One good place to start is to ask her to think of things that she has done that have worked well in the past.

Sometimes it's not just **what** you communicate that's important, but also **when** (for example, a quieter or less rushed time). Try and think of some circumstances that provide opportunities for good communication. Be realistic – it might be difficult to find these times with a baby

	<i>Example: Deepa was not getting any help from her husband when he came home from work in the evenings</i>	Plan your conversation here
<b>What?</b>  <i>What do I want to say/? Be specific.</i>	<i>I need help with cooking the dinner and doing the dishes after</i>	
<b>Where?</b>  <i>Is it a good place to talk?</i>	<i>At home</i>	
<b>When?</b>  <i>Is it a quiet time to talk?</i>	<i>After baby's bedtime</i>	
<b>With whom?</b>  <i>Is it a good time for the other person to talk?</i>	<i>My partner</i>	

“Thinking about the 4 W’s before your client goes to speak to someone can help set her up for successful communication.”

# Tying it all together

Using these strategies, it can be useful to encourage your client to think about an area where she would like some support, to think specifically about what she might need, and to think about how she might have a conversation about getting that support. Below is an example of what this might look like.

## Example: Marie's conversation

Conversation	What's going on?
<b>Marie:</b> Hi. I need you to take Daniel this Wednesday evening.	Marie starts off the conversation with a directive. She doesn't check whether it is a good time to talk.
<b>Ex-husband:</b> I can't this week as I have a late work meeting and won't be home until gone 8.	Marie's ex-husband does not offer any alternative that might help – like saying when he was free.
<b>Marie:</b> Look, I really need some support and a break here!	Marie responds in defensive tone. She does not explain why she needs some extra support, why Wednesday night in particular is important or that maybe another night may work instead.
<b>Ex-husband:</b> I really can't this Wednesday. I am having him at the weekend so you can get a break then.	This kind of comment could be perceived as unhelpful.
<b>Marie:</b> I do really need some time here – you are being really unhelpful.	Marie hasn't clarified what is important about Wednesday. She hasn't suggested an alternative evening. She labels her ex-partner's behaviour negatively.
<b>Ex-husband:</b> Marie, I really can't. Also, this is a really bad time. I am just about to go into a meeting. Plus I am taking him at the weekend!	This was obviously not a good time for Marie's ex-husband as he was at work – it would have been more helpful for him to have explained this from the outset.
<b>Marie:</b> You really are selfish. Every time I talk to you I am reminded about just how selfish you are. *Slams down the phone*	Things are getting heated here and the conversation is spiralling rapidly downwards. It would be best to take a break and both agree a time when they will return to the conversation.
	Marie ends to conversation aggressively and abruptly. Although this may make Marie feel satisfied at first, she will later worry about having a conversation again with her ex-husband. Marie's ex-husband may walk away thinking Marie was being unreasonable.

Exercise 2:  
Planning your conversation

Now it is time to help your client think of a conversation she would like to have that's important to her, that she think she will be able to have. Your client can use the chart below to plan the conversation.

My aims for the conversation	What would she like to achieve from the conversation?
The person's likely response	Help her to consider all the possibilities; writing off having a conversation based on an assumption may impede the process.
The best time to have the conversation <i>(Some times of day are busier for people than others. It is good to pick a time when you know the other person can give you the time to listen)</i>	Remind your client to think of times when she feels 'at her best' to talk about it too.
Barriers/obstacle to having the conversation <i>(What barriers are there in the surrounding environment? It there a TV blasting in the background or kids running around?)</i>	Think about the environmental barriers; Perhaps we could go in the kitchen to talk?
Strategies to help me get the response I want	Keep the specific goal in mind, try not let other stressors colour the conversation.
How would I respond?	It can be difficult to predict how you might respond to someone, but based on what you are asking and who you are asking, how do you think you might feel if you do not get the response you were hoping for?



This week, ask your client to try out having this conversation and see how it goes! Remind her to stay curious. Every step is a learning opportunity.

Moving forward, suggest to your client that she can use these strategies in any of her TRACs that require her to communicate effectively with someone.

# Tips for good communication

These tips are included in the client booklet, she can go to these when planning conversations and thinking about her alternative coping strategies.

- Have a clear idea of what you want.
- Have in mind a specific way of asking for what you want. Different people ask for things in different ways – find a way that works for you.
- Sometimes it takes persistence. It's useful to have a few different ways of asking, just in case it doesn't go well the first time.
- Perhaps try practicing the conversation with someone you feel comfortable with first.
- Make sure to acknowledge the other person's perspective and what they might want to get from the situation. Be careful not to mind read though.

## How do I know what I'm asking for is reasonable?

Some people find asking themselves the following questions useful when trying to determine whether what you are asking for is reasonable:

- *If someone else was in my situation, what would they request?*
- *How would I feel if someone asked this from me?*

Another helpful strategy can be to check out with someone you trust whether what you are asking for is reasonable – for example, would they ask for similar support?

## Well done for completing Session 4!

Asking for support can be really tough and thinking about conversations that have not gone very well can be too.

Different ways of communicating can feel really uncomfortable at first but with practice it gets easier.

Finally, agree the next point of contact.

## Remember!

Review the session and how much progress she has made today.

- To make changes, we often have to ask for support – this can be really hard.
- When we have a baby the type of support that we ask for changes – and this can make asking for support really hard too!
- Remember, there is no one correct way of communicating.
- Try to think of conversations in terms of TRAPs – break conversations into TRAPs and write down the consequences.
- To turn these conversations into TRACs try to think about conversations which have gone well. These can help guide alternative coping strategies.

# Session

## 5

### Being a 'Good Enough' Mum

Identifying your own 'mummy goals' and using alternative coping strategies to meet them

#### Welcome back!

This week will begin with a review of how your client got on with the communication exercises from last week, then moving on to look at how to balance "mummy" activities with being healthy and well.

To get started, begin by briefly running over the problem statement. Encourage your client to reflect on the progress they have made in light of their statement.

- *Would you like to read it out, or would you like me to read it?*
- *So, last week we talked about xx and xx being the primary problems you wanted to work on. Is there anything you wanted to add or change in the statement?*

With regard to reviewing risk, briefly remind your client of the information they provided in the previous session and enquire as to whether this has changed at all.

#### Homework Review

This week, review how your client got on with the communication exercises from the last session. There are a few questions below which can be used to help your client reflect on the homework practice.

**Were you able to have your planned conversation? >YES**

*How did it feel to have the conversation? Were there any barriers that you managed to overcome? What did you find helped you hold the conversation?*

**What went well?**

*What was it like to plan and hold the conversation? How did you feel going in to the conversation? was it afterwards?*

**If the conversation did not go as well as you would have liked, is there anything you would change?**

*If your client encountered troubles/barriers to holding their conversation, reassure them that this can often happen. Reinforce them for any good aspects that did happen, no matter how small and then break down what didn't go as well. Remember to get concrete descriptions of behaviour, not broad, emotional descriptions.*

**What do you think contributed to the conversation not going so well? What would you do differently next time?**

*Brainstorm any changes that your client could make to try and help the conversation (or a similar conversation) go better next time. Even simple adjustments can help. Sometimes the client may find that a different approach is needed.*

**What got in the way of holding your conversation?**

*Internal/External Barriers? Did something unexpected come up for you? If so, that's okay and a normal part of life. How did it feel to not have that conversation?*

**How could you overcome these barriers next time?**

*Think back to the ways in which you came up with alternative coping strategies, are there any skills or particular things that could help here too?*

**If unable to overcome these, how could we work around them to get the same result you want?**

*Perhaps think of a different time of day, mode of communication, place to hold the conversation to get around some of these barriers? Keep the goal, change the plan.*

**Are there other ways to have this conversation? Or could you plan when to have the conversation with the other person?**

*If it is difficult to plan to have a conversation with someone due to their busy schedule, perhaps plan together when this can happen? It might be that this will be a task in itself and that is fine, it is good to break difficult tasks into smaller, more manageable steps.*

If you were unable to have your planned conversation, don't worry! Let's talk about what happened and see if we can think of how to make it work next time.

## What it means to be a “Good Mum”

For your client, being a mum is a big part of her life now and many mums worry if they're doing 'the job' ok. This can have an impact on how she might be feeling as she may be comparing how she is as a mother to a false ideal. Many women have strong ideas about what being a “good mum” means. Some may struggle with all the different ideas about what being a “good mum” is. There's so much information out there about how to parent, women can find it very overwhelming. It can be helpful for you to go through this with your client, to pause and think about her ideas about being mum, to find out what she expects from herself. This section focuses on your client's expectations of herself as a mother, addressing the problem of women putting extra pressure on themselves to be the 'perfect Mum.' Using the exercises below, the aim is to help your client create a more realistic expectation of herself as a mother and of the other roles she may have.

### Tamala's Example:

Tamala had a difficult relationship with her mum. She didn't want it to be the same with her own child. As the 2nd of 4 kids, she'd always been a “little mother.” She liked babies, and she was always caring for her siblings. She'd pictured herself as a very patient and loving mother – the kind that was thoughtful about what her child needed and wanted. She also thought that she would really enjoy being a mum, it seemed she'd been waiting her whole life to be a mum.

Before Saleem was born, she'd read loads of baby and parenting books. The problem was, these all seemed to have different approaches to parenting, and they left her feeling a little bit confused about what the best style of parenting was. Saleem also had colic, and Tamala was exhausted taking care of him. Parenting wasn't going the way that she'd imagined it would! Sometimes she found herself wishing for her old life.

## Exercise 1: What it Means to Me to be a “Good Mum”

Take a moment to go through with your client what kind of mum she would like to be. If it's hard to think of this, encourage her to think of what kind of mum her baby might like to have.

The mum I'd like to be...

*Many of us have pictures in our minds of how we would like to be as mothers. Those ideas can come from the experiences we've had in our lives and who we are as a person. The expectations of others around us – our family, friends, medical professionals, “parenting experts,” and even the media can also influence those ideas.*

*Think of being the mum your baby needs:*

*The reality of parenting a new baby, whether the baby is the first or the fifth, can be very different though. Babies have their own personalities and needs! Encourage your client to take a moment to think about what she thinks her baby needs, then think about what she can bring to the table to meet those needs. It can be much easier if we set our own goals and expectations for ourselves and for our babies rather than have someone else prescribe them for us – nobody else knows your baby as well as you do.*

- *What does your baby need from you at the moment?*
- *Physical needs; Emotional needs; Stimulation; etc.*
- *How well do you think you are doing at meeting these needs?*

## Exercise 2: Supports and Challenges to My Mummy Idea

Now move on with your client to look at what things can both support and get in the way of working towards being the type of mum she would like to be. Remember the top 4 tips? Compassion is going to be really important here; even mums **without** low mood struggle to be at their best every day.

- *What factors help you to be the kind of mum you'd like to be? What are your main challenges?*

Like in the example of Tamala above, take a moment to think about the kinds of things that affect the way you'd like to parent and have a go at writing them down in the box below:

When your client is talking about what might challenge her from being her idea of a "good" mum, being non-judgemental is imperative. It could be one of the hardest things she ever discloses to anybody, or she may not even feel comfortable telling you, and that is okay. It is for her to think about and be aware of.

If your client has many things that she thinks of, ask her to focus on one or two of the main barriers. Be a compassionate sceptic. See if you can break down those barriers together.

If your client struggles with this exercise, here are a few factors that might help her to get going:

Some possible barriers might be...?

- Time, resources, emotional well-being, support, work, family relationships, finance, memories of how she was raised, beliefs of what she thinks society and others want her to do.

These challenges may feel big and overwhelming, but a good way to address them is to focus on a particular one to start with. Together we can take a look at your list and see which you would like to address first.

**Pick one challenge you'd like to work on. We'll look at ways of starting to address this.**

My Challenge is...

When your client is choosing her challenge to work on, encourage her to think about how manageable it is. Top Tips! Time and Compassion are key here – What can she do to address this challenge, that is equally kind to her baby and to her? Together, we want to think about ways in which this task can be most successful...

Thinking of this in terms of SMART goals could help your client to pick a challenge that is something she can really take on and be geared up for success.

**Specific  
Measurable  
Achievable  
Relevant  
Time-bound**

In the next section, you will look together at what it means to be a good enough mum. Bear this in mind when thinking about the challenge.

# What is “Being a good enough mum”?

Your clients may have lots of ideas about what kind of mum she would like to be, but these can often be very different from the reality of motherhood. Sometimes mothers can be left feeling like they are just not living up to the “mummy” goals they set themselves.

This can also be made more difficult by all the messages they hear about what it takes to be a good mum.

An important message for mothers:

*There is no single, correct way to parent. What’s more important is that you and your baby get to know each other, and that you find ways of being with your baby that work for you and your baby.*

It can be helpful to know that being a good enough mum is about making sure your baby is clean, has a full tummy, is given a cuddle and talked to.

Even if you are not enjoying it, as long as you are sensitively responding to baby’s needs then you are doing what it takes to be a good mum.

It is also important to remind your client that depression can get in the way of feeling enjoyment or pleasure, and this can affect the way she is feeling about being a mum. Also young babies are often not fun! They can be hard work and for the first few months you don’t get any feedback from them either.

It is important to encourage your client to try and take things one step at a time, one day at a time – and she will get through it. It will get better!

In the next section, the focus is on working with your client to find ways in which she can be with her baby that work for her and for her baby, to achieve her mummy goals in a healthy way.

## What happened?

Baby is laying on the play mat

## Effect

Numb, not engaged in playing with Saleem at all  
Unmotivated  
Tired  
Drained

## Behaviour

I turn on the TV and leave Saleem to lay on the play mat

## TRAPs around being a good enough mum

Now work with your client to break down her challenge. Together, you can apply the TRAP model to situations that challenge her ideas about being a “good mum”.

Here is an example of one of Tamala’s TRAPs around playing with her baby.

### Short-term impact

Distracted by the TV and relieved I don’t have to play with Saleem

### Long-term impact

I feel really guilty that I don’t know how to play with Saleem. I am worrying I am not bonding with him and that he will not develop properly if I don’t play with him. I am a terrible mother.

Using a clear and specific concrete scenario makes this tool more effective. If your client is struggling to think of something specific, think about looking back to the mood diary to see what times of day, or which activities had a big impact on mood frequently and what was going on when this mood shift occurred.

What happened?

*Assist your client in identifying the situations/events that trigger avoidance and impact the way she then acts/responds to them.*

### Exercise 3: Identifying your Own TRAP

Using the challenge that you picked to work on in Exercise 2, fill out your own TRAP.

Effect

*Use open questions to assist your client recognise how she felt in the situation. It may be difficult to separate how it made her feel and what she did to manage the situation.*

Behaviour

*What did she do/not do in the moment that helped her to manage the situation?*

Short-term impact

*What was the immediate result of this behaviour?*

Long-term impact

*How does she feel when she looks back over that situation in her mind? How has this contributed to her idea of herself as a good enough mum?*

### Exercise 4: Turning TRAPs into TRACs

Now, return to developing coping strategies with your client. It may be helpful to brainstorm together some possible alternative coping strategies with your client and encourage her to try some of them out as in previous sessions.

Have a think about some of the strategies you could try out yourself:

Possible Alternative Coping Strategies

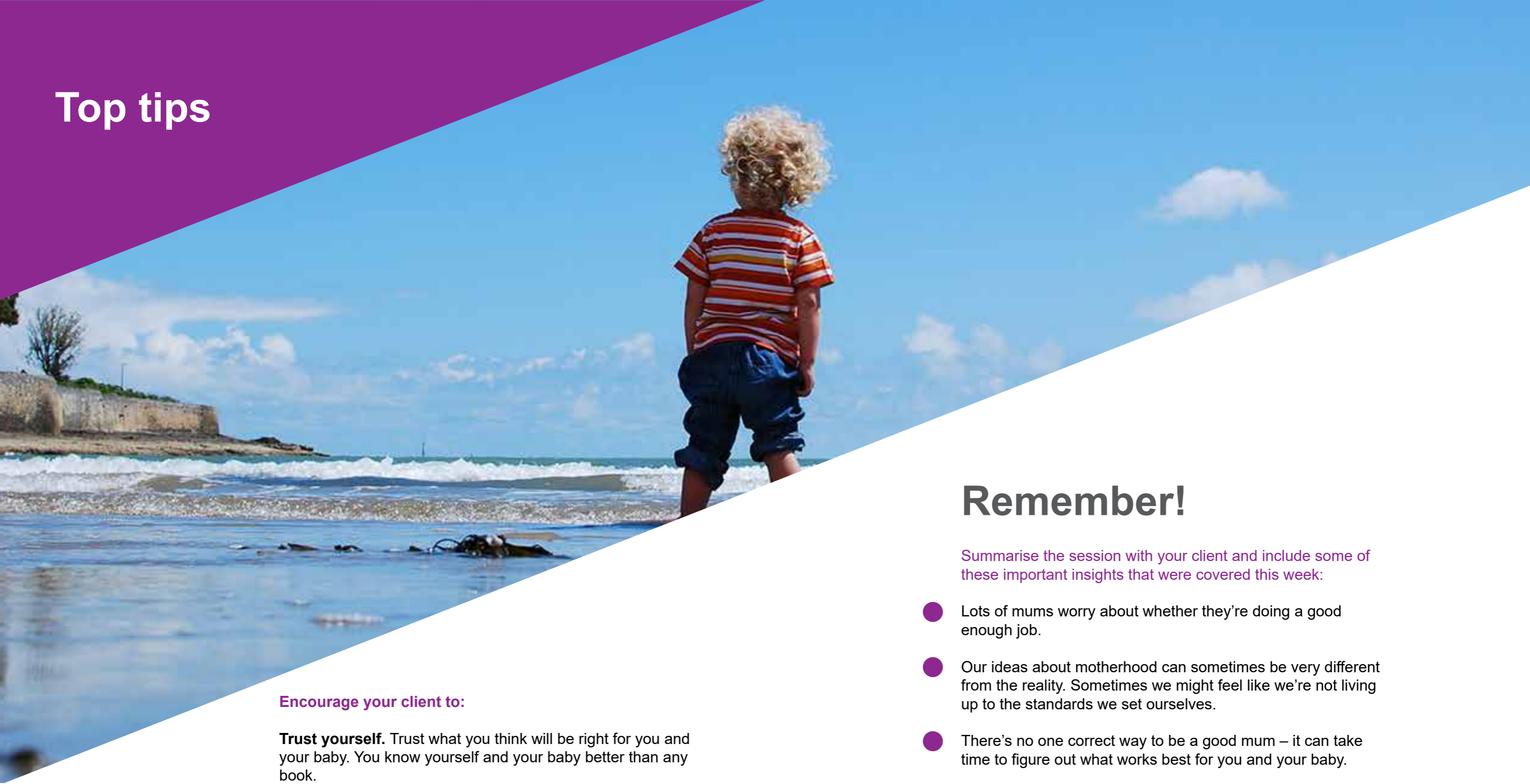
*Remember to be curious ?*

*New things can seem daunting, but be curious, it may just help. Investing the time here can really help tackle those long term impacts.*

*\*Further guidance is given for alternative coping strategies in Session 3.*

This part of the exercise can be tricky for women to consider, it may be so hard for her to disclose specific emotions/behaviours that she perceives as being a less than perfect portrayal of her parenting style. Ensure you normalise this for her, she needs to hear how common it is for women to experience this. Don't forget to reassure her that it will get better. Also, instil hope that actually, babies grow and change really quickly, this might be a difficult time right now, but it may a lot better with the next stage of baby's development.

# Top tips



## Encourage your client to:

**Trust yourself.** Trust what you think will be right for you and your baby. You know yourself and your baby better than any book.

**Use trial and error.** Stay on the path, but be flexible and adaptive if you need to. How do I know what to do?

## What your client can do if she is struggling with alternative coping:

If your client is struggling to come up with strategies, it can be useful to talk to others for ideas, such as:

- Via trusted chat rooms/online forums/webpages
- Trusted non-judgemental othersyour TRAP into a TRAC.

## Remember!

Summarise the session with your client and include some of these important insights that were covered this week:

- Lots of mums worry about whether they're doing a good enough job.
- Our ideas about motherhood can sometimes be very different from the reality. Sometimes we might feel like we're not living up to the standards we set ourselves.
- There's no one correct way to be a good mum – it can take time to figure out what works best for you and your baby.
- Depression can affect the way we feel about being a mum. Remember that even if you're not enjoying it, this does not mean you are not a good mum.
- We can apply the TRAP model to situations that challenge our ideas about being a "good mum". Once you've identified your TRAPs, you can use alternative coping strategies to changes these into TRACs.

**Finally, agree the next point of contact. Well done so far!**

# Session

## 6

**Staying well**  
Strategies for staying  
well in the future

### Welcome back to the final session!

A nice way to start the final session would be to acknowledge your client's dedication and perseverance in getting to the end of treatment, not everybody can follow it through to the end. Perhaps start by spending some time to review the problem statement to really help your client notice just how much progress she has made. Look for any gains, no matter how small.

This session then introduces methods of maintaining the new strategies that have been worked on over the past sessions, but with a focus on how your client can achieve this independent of your support.

### Staying Well

The "staying well" session is the final session of the course. This session is focused on helping your client with strategies to stay well in the future.

The previous sessions have included evidence-based strategies to help your client with cope with unhelpful and negative emotions. This session focuses on how your client will be able to cope on her own when trying to add these strategies to her daily life without support from a PWP. Some women may have some concern, but others may not have a problem at all with that. If she does seem concerned, remind her of all that she has done between the sessions on her own. She also has her copy of the booklet to turn to for guidance.

### Resilience

*Resilience is the ability to weather difficult times and to "bounce back".*

Talk about what resilience means; what does it mean to her? Can she think of a time when she has shown resilience in the past?

- *Making it through depression, or even struggling through depression is an example of resilience.*
- *Working through this course is also a sign of resilience.*

This session will look at how you can support your client to find ways in which she can strengthen her resilience against depression in the future.

The aim is for you to work together with your client to create a set of skills that work for her, that she can refer back to at times when she is feeling vulnerable.

Which exercises/strategies did you find particularly helpful?

Were there any approaches that seemed to work well for both you and baby?

Did you notice any weeks where the exercises felt really effective, really easy, or really boosted your mood?

How did you know the exercise worked for you?

Think about any physical, behavioural or cognitive symptoms that were present before?

*Mood Diary?  
Identifying TRAP's?  
Creating TRAC's?  
Planning skills to implement TRAC's?  
Establishing Support Networks?  
Planning conversations?  
Adjusting 'Good Mum' standards?  
Maybe it was talking to someone about how you are feeling?*

What was helpful about these exercises/strategies?

*How did you find them?  
What did it feel like to achieve/not achieve them?  
Did they help in other areas of your life?  
Close relationships? Social life? Home life?*

### Exercise 1: Looking back

It can be helpful to look back over the course with your client so she can identify times when she felt effective, fulfilled or absorbed in what she was doing.

It can also be helpful to think about strategies that worked well for both her and baby (and any other children she may have as well).

Doing this can help your client establish the most helpful and sustainable strategies for her.

She can then use these strategies in the future to manage her own feelings and emotions without the support of a PWP.

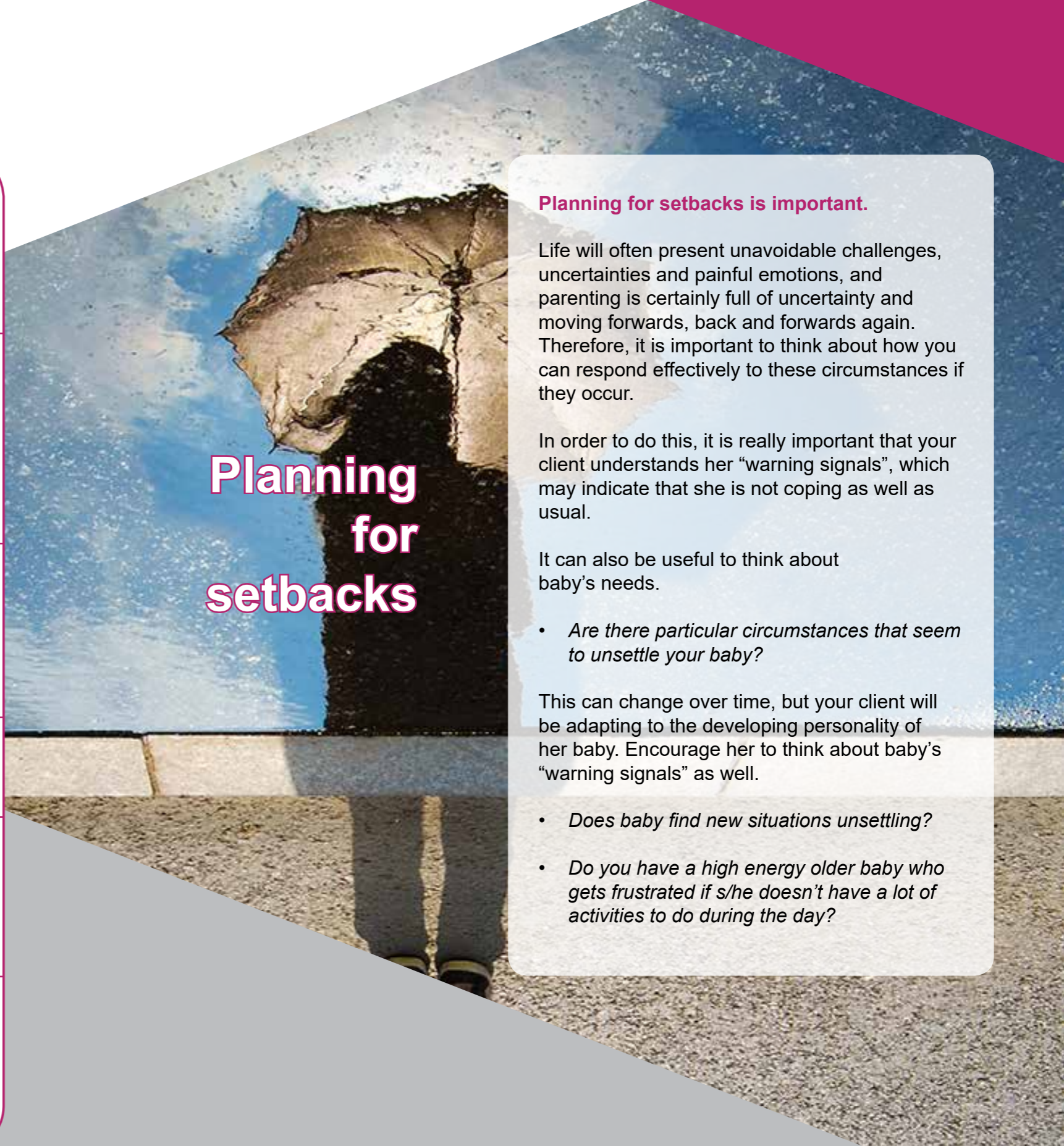
Ask your client to reflect and look back through the booklet at which sessions and exercises she found particularly helpful and why. Remember, even small gains are important.

**Remember:**  
Sometimes small steps in the 'difficult to address' areas can be critical steps towards tackling those bigger challenges.

Exercise 2:  
What Was I Doing Differently?

Now help your client to brainstorm what it was that she was doing differently that made her feel more effective/absorbed/fulfilled and how she can keep doing this in the future.

What were you trying to do that helped you feel more effective/ absorbed?	Here, try to find what specific changes really improved these feelings? Think back to the general skills we have covered together over the past few weeks? What skills were learnt from them?
Was there anything that you did with baby that helped you to accomplish your goal?	Were there times where you adapted your normal routines to do more with baby? Or asked for extra help from your partner to do less with baby (go to the toilet on your own?! Take a bath ?)
Where was your focus of attention when you felt more effective/absorbed?	Where were your thoughts at the time? Was there anything going through your mind? Were you visualising/imagining something?
How did baby respond to you during this time?	Extra smiles, giggles, gurgles, cries?
What would you do in the future to improve your opportunities to act effectively/be more absorbed?	Continue to work on these skills? With practice, they may be even more effective. Perhaps implement these new skills/ways of being in other areas?
Had you sought out/or received any support that helped you during this time?	Is this support sustainable? Will that person’s support always be there?



Planning  
for  
setbacks

Planning for setbacks is important.

Life will often present unavoidable challenges, uncertainties and painful emotions, and parenting is certainly full of uncertainty and moving forwards, back and forwards again. Therefore, it is important to think about how you can respond effectively to these circumstances if they occur.

In order to do this, it is really important that your client understands her “warning signals”, which may indicate that she is not coping as well as usual.

It can also be useful to think about baby’s needs.

- *Are there particular circumstances that seem to unsettle your baby?*

This can change over time, but your client will be adapting to the developing personality of her baby. Encourage her to think about baby’s “warning signals” as well.

- *Does baby find new situations unsettling?*
- *Do you have a high energy older baby who gets frustrated if s/he doesn’t have a lot of activities to do during the day?*

# Identifying Warning Signals

*Helping your client to identify her "Warning signs" can be an effective way to prevent relapses once your work together is over.*

Encourage your client to think about these "warning signs" in terms of changes in her (or baby's) physical feelings, emotions and/or behaviours that tell her that things aren't going as well as she would like (e.g., a few nights of bad sleep, feeling low/anxious/irritable, avoiding things you find meaningful).

Bear in mind that having a lapse is not the same as a full blown relapse: If she notices her mood is low for a day or two, it does not necessarily mean the start of another episode of low mood: it can be normal to have off days. So make sure your client has an action plan if she can't seem to shake off the mood.

It can be helpful to write warning signs down together – this can help your client to recognise these triggers early on, the rationale being the earlier she can recognise them, the earlier she will be able to address them effectively.

## Exercise 3: Your Warning Signals

This example may be helpful for your client to see the kinds of things that be strong warning signs that things just aren't right.

### Tamala's Example:

"I first notice that I am not feeling quite right when I start to get snappy with my partner, for little or no reason.

I feel my shoulders hunch up to my ears and tension builds in my neck and shoulders.

I think to myself 'why has he left half the washing up and left the cupboards open again?', which only exacerbates how irritated I feel.

Even though I am exhausted, I will finish the washing up, slam the cupboards closed, but this can sometimes provoke an argument.

With the baby, I start to think 'I just can't do this, I was not meant to be a Mum' which then makes me feel worse and start to cry.

I find that when I hold my baby, she feels so heavy and I don't have the strength for her.

I stop smiling at my baby when I am changing her."

How do you know when things aren't right?

### Think about these areas:

Where is your mood when you don't feel well?

How does your body feel at times like this?

Describe what your mind is doing?

Is there anything that you do/do not do in order to manage how you feel?

### With baby:

How do you respond to baby when you feel like this?

How does baby respond to you?

### With others:

What happens in your relationships with others?

Romantic/Family/Social/Other

Help your client to use the space provided in her booklet to think of her own warning signals:

# Planning Ahead

Often different warning signals occur at different levels of feeling low or depressed, e.g., one warning signal may signify that we are starting to feel a little low but other signals may indicate that we are starting to become depressed again or that we are experiencing depression.

*It is important to try to identify these early warning signals with your client and also the signals that she is experiencing low mood or depression. Here, work with your client to find strategies that will help her at each of these different levels.*

Remember, low mood (or even positive mood!) aren't necessarily signs that things are very wrong, or that you are headed back towards depression. We will all feel low mood at times, and it's often a normal feeling. It can also be a sign that we need to take steps to be effective in our lives.

Remind your client that low mood (or even positive mood!) is not necessarily a sign that things are very wrong, or that she is headed back towards depression. We will all feel low mood at times, and it's often a normal feeling. It can also be a sign that we need to take steps to be effective in our lives.

## Exercise 4: Planning Ahead Chart

The Planning Ahead Chart can help your client to identify her warning signals at different levels of low mood, work together to think of different strategies that can help her feel better.

It is useful to think of 0 as a starting point – to represent when you are feeling ok. The scale then runs from – 1 to – 10. -1 represents when you start to feel low and -10 represents feeling depressed.

Some people find it helpful to start out with anchors around -2, -4 and -8 points to begin with and then to fill out more around these points.

	Warning signal	Strategy to feel better
Mood level	0	Look back to the previous section when we were thinking of warning signals.  What can you do to cope when your mood is low?
	-1	Can you rank some of these in terms of how low your mood is when they occur?  Are there things that help you to relax?
	-2	Small, niggling annoyances?  Could you fit in some self-care? Take a nap or have a lie down when baby naps?
	-3	Use communication skills to have a calm conversation with partner/ person you might feel irritated with?
	-4	
	-5	Stop going out to see friends?  Try to speaking to friends on the phone if going out is way too much right now. You can still get those positive feelings just from talking to someone.
	-6	Take a look at the strategies we worked on together over the past few weeks? Is there anything we have learnt together that could help here?
	-7	
	-8	Full blow meltdown leading to argument with partner.  If not, come back and see me!
	-9	
	-10	

# Thank you!

Wow, we have arrived at the end of our sessions together. You have done so well to get here and I have learnt so much from working with you. I hope that the skills you have learnt along the way have helped and will continue to help you.

- *Conclude by recapping what you covered together in this session.*

## Moving forward

If there are times when you feel your mood is worsening, it may help to refer back to your booklet to try out some of the skills we covered together.

If this approach does not help, or is not enough, please come back to see me.

## Before you go, remember:

- Life can be full of set-backs – it is important to keep using the skills you have learnt during this course to enable you to continue building resilience to low mood.
- It is important to be aware of warning signs that could point to low mood (sometimes it can be hard to know what these are – you may find that going back to your first exercises from Sessions 1 & 2 will help).
- Different warning signals may occur at different levels of low mood – you may also find that different strategies work at different levels – it is important to try and identify these so you can use the most helpful strategies at the right time.

# For the Future: Some resources that can help

There are many available resources to help mums, but it can be difficult to know which ones are helpful. We have a few suggestions that you could signpost your clients to:

**Chat rooms:** Chat rooms: The internet can be a good place to find information and chat rooms can be interesting places to gather information. If you go to a chat room, look for chat rooms that are moderated by a knowledgeable person. Moderation can keep conversations kind, and can reduce unhelpful input or can clarify information that may be more about the way people feel and less about what has been shown to be helpful or not.


- Example of a site that has moderated chat rooms: Netmums.com

**Gathering information** health and well-being information. There's so much health well-being information out there, and much of it is based on opinion or personal experience. For high quality information, try to use websites of organisations that are recognised for their expertise.

- Examples of recognised websites: NHSChoices, Medline, Mayo Clinic, NICE, Royal College of Psychiatry, BABCP Perinatal, Centre for Women's Mental Health at the University of Massachusetts.

**Getting parenting information.** This one is tricky! There is so much advice you can go by. Remember that the most important thing is that you find strategies that help you and your little one. If you find materials or websites that are very rigid in their approach, then this may be a sign to seek out other materials or advice.

- Example of a gentle, flexible approach with infants: The No Cry Solution: Elizabeth Pantley. This approach works best for babies who can settle into routines. (how do you know if your baby is one of these babies? Give the approach a good go. If it doesn't work for your baby, then you may need another approach).
- Example of a progressive sleep approach for babies with sleep problems. The strategies in this book aren't for everyone, but numerous well-conducted research studies have shown that they work for babies who are struggling with sleep problems. The book also has lots of helpful additional tips on things like weaning older babies off night-feeding, etc. "Solve your infant's sleep problems" Richard Ferber. And, don't worry, research has also shown that using these strategies doesn't hurt baby's attachment to mum, nor does it produce a stressed baby.
- Look for books that also provide information about how baby is developing. 'What To Expect The First Year' from author Heidi Murkoff, provides a guide to monthly growth and the developmental stages, plus strategies for feeding and sleep issues. The book also includes some medical advice and a reassuring question and answer section.
- There are of course many other examples out there – just remember, although the books and websites may suggest there is only one way to do it, most mums actually end up doing what works. That means that most mums will borrow bits and pieces from a number of different approaches, and that's fine. It's most important to find strategies that are effective for you, baby and your family.



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