Experiences Participating in Mindful Mood Balance for Moms in Pregnancy

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DISCLOSURES

• Dr. Dimidjian and Dr. Goodman are receiving royalties from Guilford Press for a book based on mindfulness-based cognitive therapy (MBCT) for new and expectant mothers and books on Behavioral Activation for the general population and for adolescents.

• Dr. Dimidjian, Dr. Goodman and Dr. Segal receive funding from NIMH and multiple foundations.

• Dr. Dimidjian and Dr. Segal established MindfulNoggin Inc. as an entity to house some of their digital development work, including the Mindful Mood Balance for Moms which is used as an intervention in the UPWARD and UPWARD Baby, and the Mindful Moms studies.
1 in 5 pregnant and postpartum moms struggle with depression.

65% of pregnant & postpartum women experiencing depression do not get professional help.

40% of pregnant women with a history of depression will become depressed in pregnancy/postpartum.

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Goodman SH & Tully EC. (2009); Wisner KL, et al. (2000); Dimidjian, S., et al. (2016); Segal, Zindel V et al. (2019); Hicks et al. (2021)
ABOUT THE INTERVENTION

- Mindful Mood Balance for Moms (MMB for Moms)
- Digital-delivery of Mindfulness Based Cognitive Therapy adapted for new and expectant mothers.
- Focused on prevention of depressive relapse
- Self-paced, interactive
- 8 sessions
- Coach supported
# ABOUT THE INTERVENTION

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<tr>
<th>Session</th>
<th>Session Title</th>
<th>Session Topics</th>
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<td>1</td>
<td>Finding Your Place Beyond Blue</td>
<td>• Recognize automatic patterns of reactivity</td>
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<td>• Commit to mindfulness practice</td>
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<td>2</td>
<td>The Body Scan Practice</td>
<td>• Contrast intentional versus automatic attention</td>
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<td>• Notice cognitive interpretations of interpersonal events</td>
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<td>The Breath</td>
<td>• Bring awareness to a busy/scattered mind</td>
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<td>• Introduce mindfulness of breathing, walking, and yoga</td>
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<td>Exploring the Landscape of Depression</td>
<td>• Notice instances of clinging or avoiding experiences</td>
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<td>• Practice staying present and attentive in the face of difficulty</td>
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<td>• Recognize symptoms and thoughts that are warning signs of depression</td>
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<td>Facing Difficulties</td>
<td>• Bring mindful attention when responding to difficulties</td>
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<td>• Decrease judgmental thoughts and avoidant responses</td>
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<td>6</td>
<td>Thoughts Are Not Facts</td>
<td>• Decrease affective reactivity to thoughts that come with depression</td>
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<td>• “De-center” from difficult thoughts</td>
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<td>7</td>
<td>Building Your Plan of Action</td>
<td>• Identify ‘signatures’ of mood worsening</td>
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<td>• Identify activities that improve mood</td>
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<td>• Develop action plans</td>
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<td>8</td>
<td>Supporting Your Practice in the World</td>
<td>• Emphasize self-care routines</td>
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<td>• Identify daily routine of mindfulness</td>
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</table>
**UPWARD**

**UNDERSTANDING AND PREVENTING**

**WOMEN'S RELAPSE OF DEPRESSION**

4-16 weeks pregnant

Group randomization

Baseline phone interview

Post-intervention phone interview

Third trimester phone interview

Three month postpartum phone interview

Six month postpartum phone interview

6 months postpartum

MMB for Moms

Usual Care

Birth

Self-report questionnaires every two weeks

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**COACHING ROLE**

- **Initial engagement session** (30-45 minutes)
- **Week 1 coaching call** (10-15 minutes)
- **Week 2 coaching call** (10-15 minutes)
- **Weeks 3 through 12 are coaching emails**

**Roles and Responsibilities**

- Engagement and Orientation to the program
- Understanding the mother’s history of depression
- Motivational interviewing techniques
- Plan for potential barriers
- Connect with hopes for the program
- Develop a practice plan
DEMOGRAPHICS

86.7% White
6.8% Hispanic / LatinX
94.4% Heterosexual
99.6% Female
83% Married
13.6% < $50k family income
86.7% private insurance
Geographic Reach of Upward Participants

n
19

1
METHODS

• Subset of RCT, MMB for Moms group
• Recruited through Everyday Health across the US
• All participants recently used antidepressants
• n=249
• Grounded Theory Qualitative Analysis
• Email text, open coded, axial coding
• Identification of main themes
• Understanding the subjective experience
MAIN THEMES

• Barriers
• Breath as a skill
• Doing vs Being
• Acceptance & Letting Go
• Recognizing the Downward Spiral
• Mindfulness in Difficulty
• Self-compassion
TIME AS A BARRIER

“I'm back to work now and I get so busy I find it hard to remember to eat much less do mindfulness. I'm planning on setting an alarm or putting it on my calendar so that I take time. I'm not super stressed or anything, just really focused and caught up in my work. I find the sitting practice to be extremely tedious and difficult to hold still for. I had to give myself permission to not do all 30 minutes of it.” (ID 155)
“It feels good to be finished. I'm not sure if/how I'm going to incorporate mindfulness into my daily life; I can definitely see how it's helpful to some people, but I'm not sure it's for me. But it always feels good to try new things to help with my depression and anxiety, even if they end up not working out.” (ID 75)
BREATH AS A SKILL

“The breathing exercises were a good opportunity for me to table the constantly running thoughts about things to do, etc. and just focus on something concrete like my breath. Doing that actually made my to-do list feel less daunting somehow. Maybe being able to put them aside for that time allowed me to feel that I’m more in control of my day than it feels sometimes.” – ID 140

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“I love the idea and the mental cue of shifting from "doing" to "being" with the breath! I tried that this week and really felt a big switch. It helped bring my mind back, I felt much more peace and presence, and much less impatience in myself throughout sitting meditations in particular. I have been saying to myself "being" or "be" almost as a chant or mantra in the back of mind to a deep breath when I am returning to mindfulness. Progress.” - ID 114
I think this exercise has been the most helpful and useful for me, personally, thus far. It has allowed me to think about difficulties in a different way and to acknowledge them and invite them instead of wishing they would go away. I think that by inviting these thoughts, and having a broader acceptance, it has actually eased my experiences with difficult moments. There are still certainly times when situations are more difficult than others. But overall, I think this practice can be useful in my daily life. (ID 268)
MINDFULNESS DURING DIFFICULTY

I really enjoy listening to the videos of other peoples' thoughts because it’s how I feel as well. I found that it’s so good for my health to actually be able to recognize the difficulties and be aware and not allow myself to avoid tough situations. It’s helping my mood change a lot. I’m able to be more patient as well with others around me especially since I take things out on others even if they don’t know what’s going on. I can communicate the difficulties better as well. I’m so amazed at how well this is working for me. - ID 205
RECOGNIZING THE DOWNWARD SPIRAL

I noticed my pattern of behavior when I’m entering a more depressive state usually involves becoming more obsessive about perfection and order/cleanliness around me, mentally isolating myself (trying to keep my problems to myself so as not to burden my loved ones), and a lot of negative self talk, such as telling myself I’m such a bother to everyone around me, that I’m a failure as a mom/wife/friend/etc., and that I need to make myself better/more perfect so I’m not burdening my loved ones. I really like the loving kindness meditation because of that. I never thought of it before, but hearing myself say aloud that I need to treat myself with kindness is so huge for me. I extend kindness and compassion to my loved ones and even strangers all the time, and I need to show myself that same courtesy. ID 158
I have found the themes of this session very helpful. I think so often when I have unpleasant feelings or feelings of depression/anxiety, my instinct is to want to push them away or escape them. I think being more curious about the feelings that are coming up and being more kind towards myself when I have them could be really helpful in maintaining my mental health. (236)
ONGOING RESEARCH

UPWARD Study

- PIs: Sona Dimidjian, Ph.D., Lee S. Cohen, MD
- Randomized controlled trial of MMB for Moms (N = 500)
- Understanding and preventing depressive relapse in pregnant and postpartum people
- Data collection through 6m PP complete

UPWARD Baby

- PIs: Laurel M Hicks, PhD, Sherryl Goodman, PhD
- n=241 (and counting)
- continuing longitudinal data collection at 12-15m PP.
- Includes parenting and infant behavior and development measures

Implementation Study

- PI: Arne Beck, Ph.D.
- Kaiser (CO, CA, GA, MN)
- Peer vs. Professional Coaching
- N=470 by Fall 2022
ACKNOWLEDGEMENTS

• Our wonderful UPWARD participants

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• CU – Boulder RAs: Laurel Kordyban, Natalie Coleman, Joey Levy, Anne Fritzson, Kelsey Phinney, Kourtney Kelley & Rachel Vanderkruik

• NIH/NIMH
THANK YOU!

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