Increasing Access to Evidence-Based Treatments for Women with Antenatal Depression: Training Obstetric Nurses and Behavioral Health Providers in Behavioral Activation

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Road Map

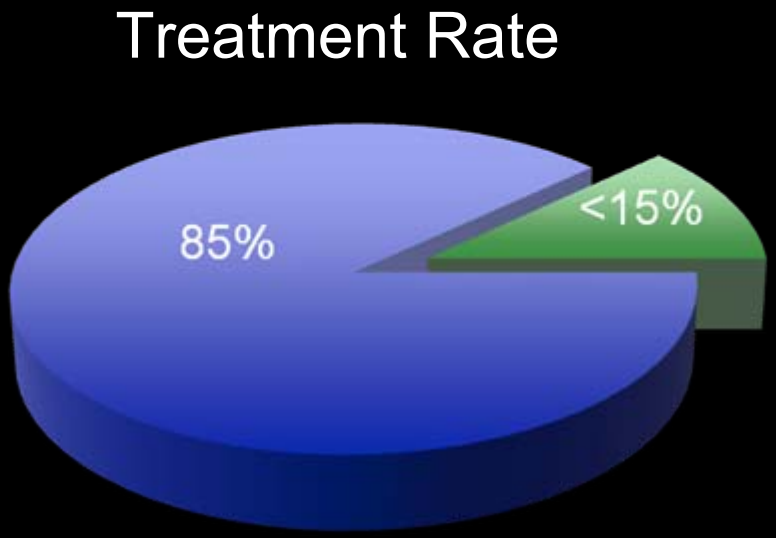
- Antenatal depression (AD) background
- Psychotherapy efficacy data
- Barriers to care
- Present study

Antenatal Depression (AD) Background

- Prevalence
  - Up to 15% of pregnant women
- Adverse outcomes
  - Preterm birth, low birth rate, developmental impairments
  - Increased risk for postpartum depression
  - Impaired attachment

(Gaynes et al., 2005)

Patterns of Care



- Antidepressant medication (ADM) is the most available treatment
- ADM ≠ preferred choice
- Psychotherapy = preferred choice…but rarely available

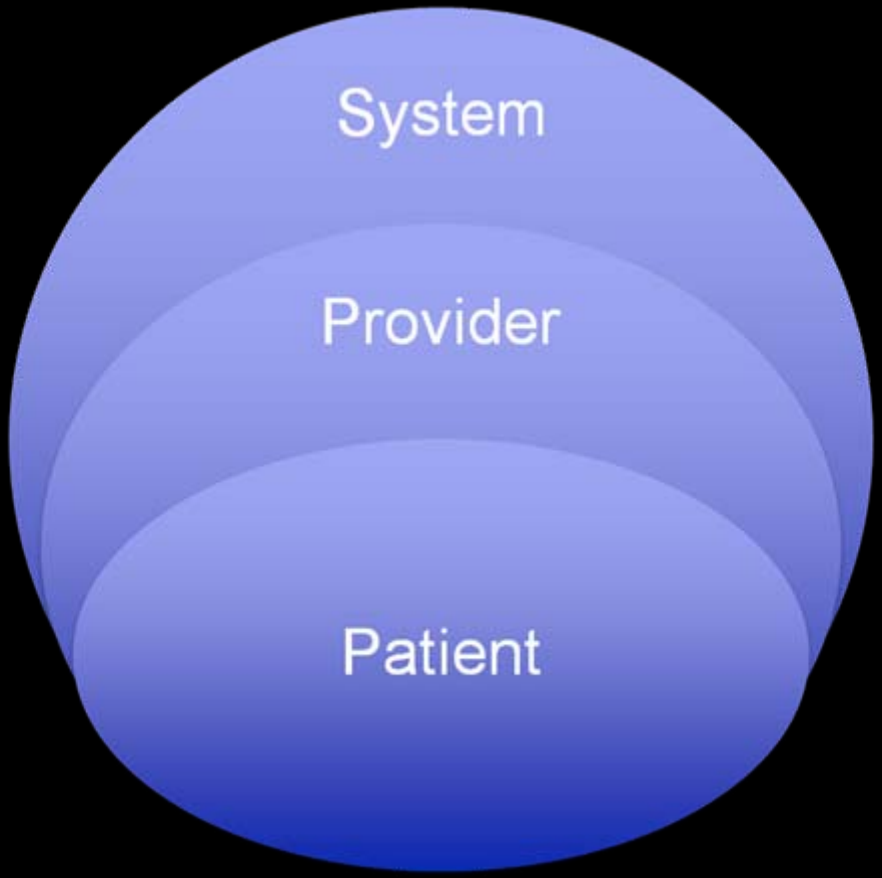
(Goodman, 2009; Marcus, Flynn, Blow, & Barry, 2003)

Psychotherapy for Depression

- Strong evidence base for psychotherapy in general populations
  - Cognitive Behavior Therapy (CBT); Interpersonal Psychotherapy (IPT); Behavioral Activation (BA)
- Very little attention to pregnant women
- BA may be particularly well suited…

(Dimidjian et al., 2006)

Barriers to Detection and Treatment



System- & Provider-Level Barriers

- Lack of time

"I'd like to do a lot of things, but time dictates that there's only so much one can do."

(Kim et al., 2009)

System- & Provider-Level Barriers

- Lack of time
- Lack of training

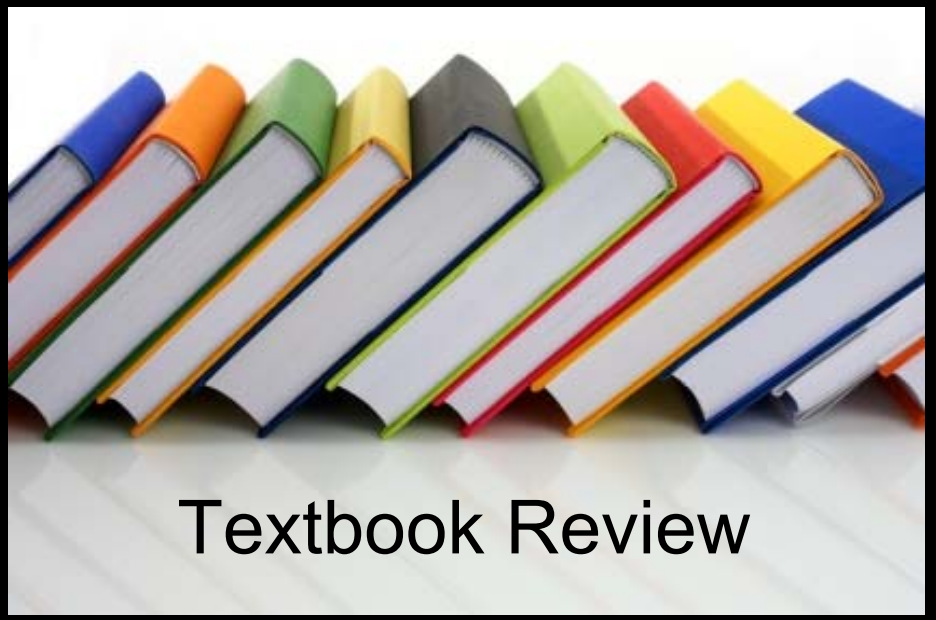
30%

no formal training

(Dietrich & Williams, 2003)

System- & Provider-Level Barriers

- Lack of time
- Lack of training
- Inadequate training



(Logsdon et al., 2006)

System- & Provider-Level Barriers

- Lack of time
- Lack of training
- Inadequate training
- Unfavorable attitudes

More than 40% believe that…

Depression Screening

Healthier Patient Outcomes

(LaRocco-Cockburn et al., 2003)

System- & Provider-Level Barriers

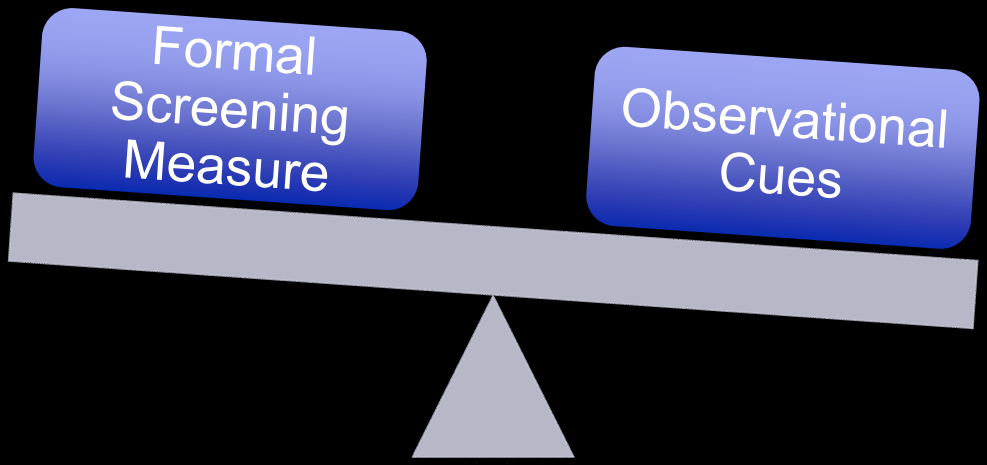
- Lack of time
- Lack of training
- Inadequate training
- Unfavorable attitudes
- Expectations

Infrequent screeners reported concerns that…

(Kim et al., 2009)

System- & Provider-Level Barriers

- Lack of time
- Lack of training
- Inadequate training
- Unfavorable attitudes
- Expectations
- Bias



(Heneghan et al., 2006)

Patient-Level Barriers

- Stigma

- Depression = Weakness
- Broken confidentiality
- Lack of trust

(Dennis & Chung-Lee, 2006, Jesse et al., 2008)

Patient-Level Barriers

- Stigma
- Practical constraints

- Lack of time
- No childcare
- No transportation
- Limited knowledge
- Financial concerns

(Goodman, 2009; O'Mahen & Flynn, 2008 Reay et al., 2011)

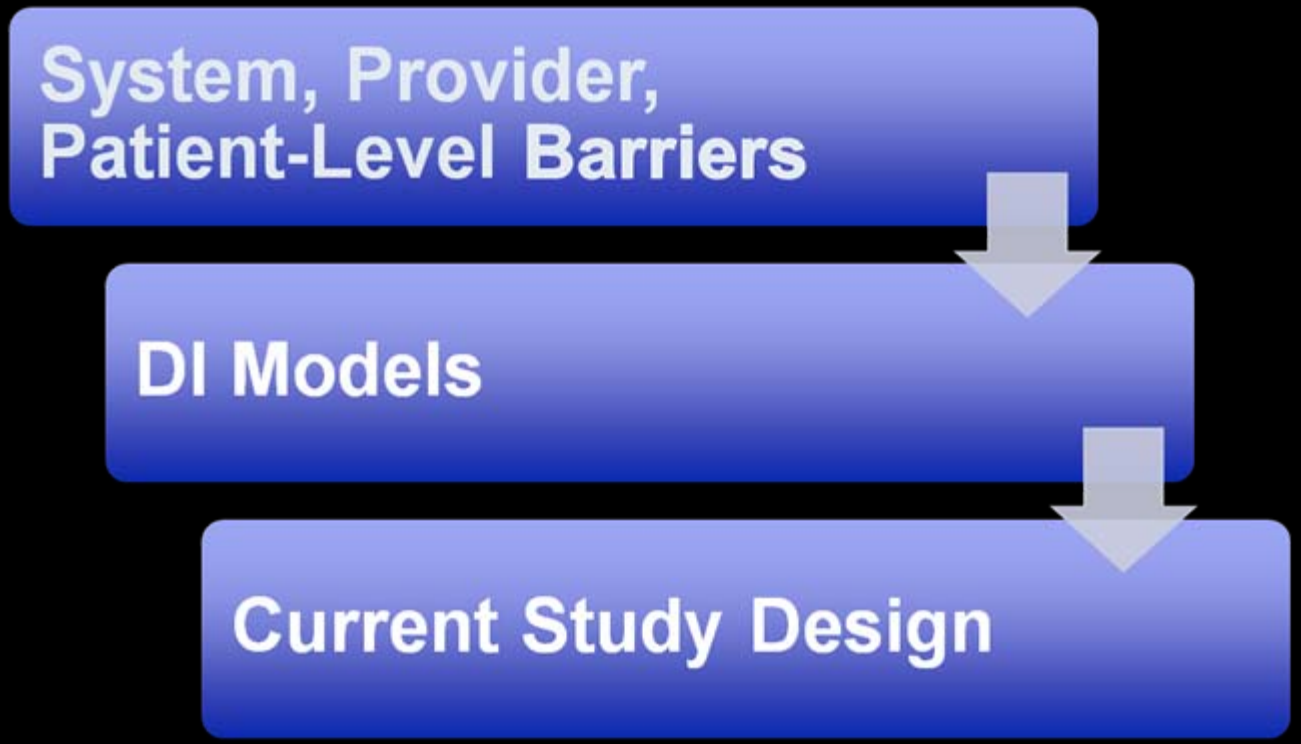
Patient-Level Barriers

- Stigma
- Practical constraints
- Care location

"I am not interested in a location other than my prenatal care one."

(Goodman, 2009; O'Mahen & Flynn, 2008; Reay et al., 2011)

Bridging Barriers with Dissemination & Implementation (DI) Models



(Aarons et al., 2011; Proctor et al., 2009; Stirman et al., 2004)

Pyschotherapy Training

- Critical review of 32 training studies
- Standard curriculum:
  - Reading a treatment manual
  - Attending didactic instruction
  - Receiving clinical supervision of at least one training case

(Beidas & Kendall, 2010)

"Generally speaking, therapists trained in the current format do not reach proficiency in treatment adherence, competence, and skill [and] therapist training in evidence-based practice does not currently engender improved client outcomes"

Beidas & Kendall, 2010

Successful Training in EBPTs

Training characteristics that lead to favorable outcomes:

1. Training quality
   - Passive and Active learning strategies
2. Adapting the EBPT
   - Enlist trainees
3. Ongoing supervision
   - Training cases if possible

Miller et al., 2004

The Present Study

Study Hypotheses

1. Provider attitudes towards BA will improve
2. Provider BA knowledge and competency will improve
3. Provider BA knowledge and competency will compare favorably to that of a BA expert after training and ongoing supervision.

Methods

Participants

- 12 OB/GYN and behavioral health care providers
- OB-GYN clinics in Colorado, Georgia, Minnesota, and Washington
- Minimal inclusion/exclusion criteria

Methods

Training Phases

1. Knowledge acquisition
   - Background reading, 2-day workshop
2. Knowledge application
   - Role-plays, supervised practice cases
3. Fidelity promotion
   - Supervision, self-monitoring

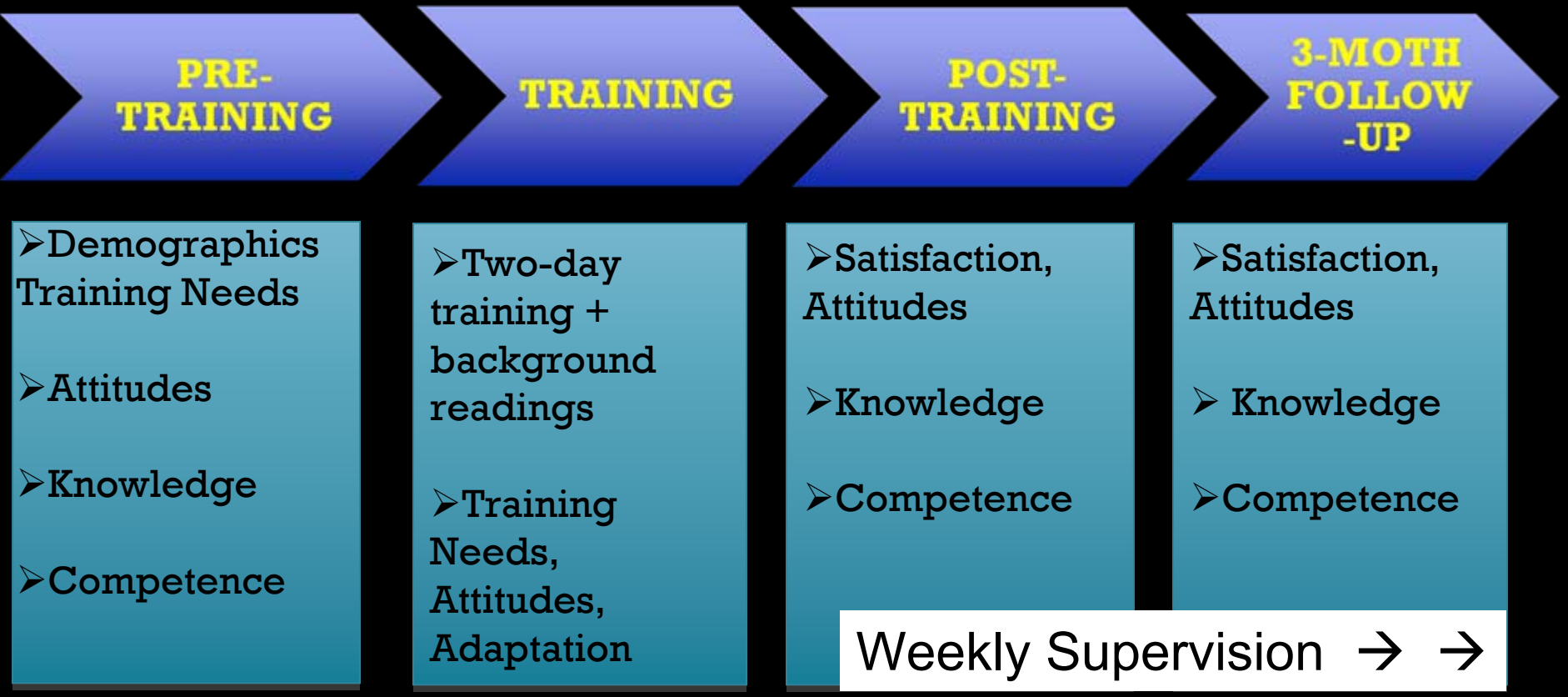
Methods

Measures

- Demographics, Training Needs
- Evidence-Based Practice Attitudes Scale
- BA Knowledge Assessment
- Clinician Satisfaction with Training
- BA Therapy Scale

Aarons, 2004

Study Design



Potential Implications

- Why target non-mental health specialists?
  - whose role is typically limited to “care manager”

75, 000, 000 mental illness cases/year

vs.

700, 000 practicing providers

Kazdin and Blase (2011)

Acknowledgement

- National Institute of Mental Health
  - 5U19MH092201-02

- Tina Pittman-Wagers

DI Phases

Exploration

- Gather Information

Decision/ Preparation

- Select EBPT
- Establish leadership
- Tailor/Pilot EBPT
- Assess provider knowledge, skills, and roles

Implementation

- Training
- Ongoing supervision

Sustainment

- Ongoing assessment
- Supervisory support

(Aarons et al., 2011; Proctor et al., 2009; Stirman et al., 2004)

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