



PIRI PROGRAMS

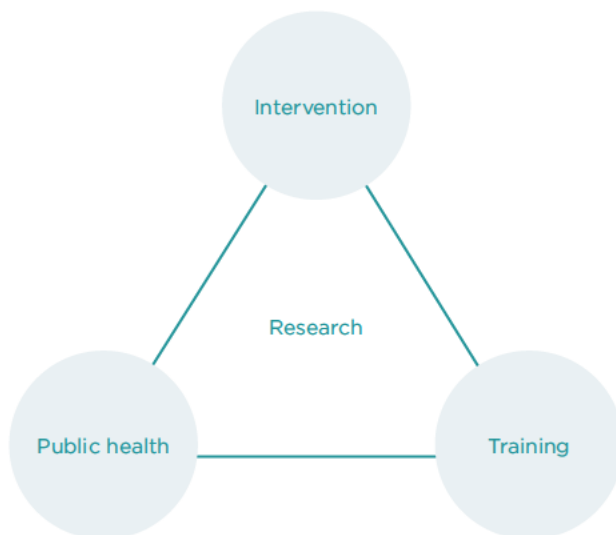
Parent-Infant Research Institute



The Parent-Infant Research Institute (PIRI) supports all parents and their babies (prenatal to 2 years) to have the best possible start to life by creating a Centre of Excellence whose activities are designed to improve emotional wellbeing and optimise infant development. Visit us at www.piri.org.au.

PIRI was incorporated in 2001 to provide world class research and services to mothers, fathers and babies, health professionals and researchers. PIRI is part of Austin Life Sciences, a strategic partnership of research institutes at Austin Health, affiliated with the University of Melbourne through its Executive Director, Professor Jeannette Milgrom.

PIRI is managed by an Advisory Board chaired by Ms Leonie Young, and consists of a dedicated group of clinical, academic and research staff including Dr Alan Gemmill, Senior Research Fellow; Ms Jennifer Ericksen, Manager Perinatal Mental Health Services; Dr Carol Newnham, Dr Charlene Schembri and Dr Chris Holt, Research Fellows; Elizabeth Loughlin, Dr Jessica Ross and Sofia Rallis, Senior Clinicians, Infant Clinic and Ms Felicity Holmes, Ms Carmel Ferretti and Ms Rachel Watts, Research Clinicians.



OBJECTIVES: PIRI's core activity is the conduct of basic and applied **RESEARCH**. In addition, translating knowledge to practice occurs through the development of parent-infant **INTERVENTIONS** and **PUBLIC HEALTH** initiatives. Education and **TRAINING** of professionals (online and face-to-face) is provided through workshops, study days and conferences.

PIRI PARENT-INFANT PROGRAMS

PIRI is a leader in developing and evaluating treatment programs to help parents make the transition to parenthood and to support the early parent-infant relationship. PIRI's programs are brief and cost-effective. All programs have detailed manuals and have been evaluated as effective (or are in the process of evaluation). We are still recruiting to our latest programs! To make a referral or enquire about our programs and training, contact PIRI Infant Clinic: (03) 9496 4496; piri@austin.org.au.

OUR LATEST PROGRAMS

Mum Mood Booster Internet Treatment[©]

Already Participating?

 Forgot your username or password?
 Subscribed to journal? Click on your country's flag below.

MumMoodBooster

What is MumMoodBooster?
 MumMoodBooster is a free online program designed to help women recover from postnatal depression. Women complete 6 sessions and will receive calls from a phone coach. In addition, the program includes online access to a library and an optional partner support website.

Click on your country below to learn how you can take part:

Australia

United States

One Mum's Story
 Watch this video about how one mum describes her experience of postnatal depression

"I didn't realise that feeling tired, frustrated, tearful and overwhelmed after my baby was born were the signs and symptoms of postnatal depression. I just thought I was not coping. Since getting some help I recognise these can be part of depression. Now I look at things differently and I feel I am the mum and partner I want to be."

This program has been developed by an international team at the Deakin Research Institute (Australia) and the Oregon Research Institute (United States).

This internet treatment for postnatal depression (*MumMoodBooster*) addresses the unique needs of depressed postnatal women, including infant and partner relationships. *MumMoodBooster* consists of 6 interactive cognitive behavioural therapy (CBT) sessions as well as a library of companion articles on communication skills, problem solving, stress management, getting support, time management, sleep and caring for baby, baby's needs and the couple relationship. There is also a web forum, telephone support and a partner support website. Funded by NIH, *beyondblue*, Windermere and NHMRC. Developed in collaboration with ORI, USA. Additional details about this innovative program are found in the Appendix.

Motivational Interviewing: Promoting Motivation, Empowerment and Readiness (PRIMER)[©]

Substantial numbers of women with postnatal depression (PND) do not accept help. Our brief motivational interviewing intervention delivered by nurses prepares and motivates postnatal women to take action for their own emotional health needs. Funding by Australian Rotary Health (ARH) for a cluster randomised trial.

Beating the Blues Before Birth[©]



Designed to treat depression and anxiety during pregnancy, 8 CBT sessions help women manage their mood with one couple session providing information and support to partners.

Evaluated in a RCT with benefits for mothers and infants. Funded by Bupa Health Foundation and ARF.

OUR SPECIALIST MOTHER-INFANT ATTACHMENT PROGRAMS



BabyHUGS[®]

BabyHUGS is the most well established of our mother-infant relationship programs, and was developed to be implemented following treatment of maternal PND.

BabyHUGS consists of 4 sessions which assist mothers to become more fully engaged and attuned to their infant. Feasibility studies have demonstrated a rapid decline in parenting stress; BabyHUGS has just been successfully evaluated in RCT and developed also as an e-HUGS program. Funded by *beyondblue*.

Intuitive Mothering[®], CommunityHUGS[®] and PremieStart[®]



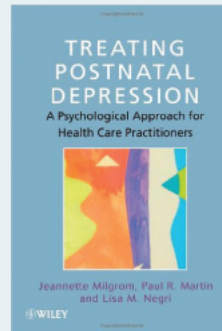
Intuitive Mothering

is an innovative 8-week program using natural movement, holding patterns and imaginative play that occurs between mother

and infant. It incorporates movement and dance with music and discussion with mothers about what they noticed in their baby's play. **CommunityHUGS** is a 10 session playgroup designed for delivery in community settings and incorporates aspects of BabyHUGS, cognitive behaviour therapy, attachment theory and the Intuitive Mothering program. Its evaluation has demonstrated improvements in interaction, maternal anxiety, depression and stress. Funded by DSS.

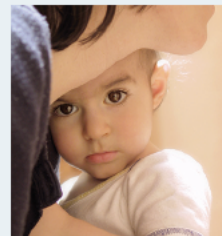
PremieStart is an intervention that teaches parents about preterm infant behavioural responses, how to protect infants from stress whilst still in the Neonatal Intensive Care Unit and encourages sensitive involvement from the earliest point. This intervention improves parent-infant interactions and early developmental milestones. Funded by NHMRC.

OUR WELL ESTABLISHED SIGNATURE PROGRAMS



Getting Ahead of Postnatal Depression Group Program[®]

This highly successful 12-week CBT group program is designed specifically for postnatal women to learn coping strategies to help manage their moods. 9 sessions cover understanding and managing moods; pleasant activities; relaxation on the run; assertiveness and self-esteem; unrealistic expectations of parenting and developing a more helpful thinking style. In addition, 3 couple sessions are held recognising the important role of fathers and the couple relationship. Evaluated in randomised controlled trials and rolled-out internationally.



Overcoming Depression[®]

This 7-week program is designed for primary care professionals as a counselling intervention informed by CBT. It has been evaluated in a randomised controlled trial and found to be a helpful supplement to GP practice and delivered effectively by nurses and psychologists.



Towards Parenthood[®]

The Towards Parenthood Program[®] for pregnant women and their partners prepares parents for the challenges of parenthood. The workbook and online version includes 9 chapters – 8 antenatal and one postnatal. Each chapter contains information and activities to generate thought and reflection, conversation and communication between couples. It has been found to reduce parenting stress and enhance mood (www.towardsparenthood.org.au).

APPENDIX

MUMMOODBOOSTER: INTERNET TREATMENT FOR POSTNATAL DEPRESSION

MumMoodBooster

MumMoodBooster (MMB) is a secure, private Internet intervention that provides an important treatment option for women who are experiencing postnatal depression (PND). It is particularly helpful for women who might otherwise not seek treatment because of perceived stigma, cost, and logistical difficulties in scheduling clinic visits.

MMB was developed with assistance from a grant from the US National Institutes of Mental Health that was awarded to a multi-national team composed of researchers based in three organizations: Oregon Research Institute, Parent-Infant Research Institute (PIRI) in Melbourne, Australia, and the Iowa Depression and Clinical Research Center. The content of MMB was adapted from the pioneering Cognitive Behavioral Therapy (CBT) group treatment program (developed by PIRI) that proved to be helpful for hundreds of women suffering from PND. Over the past 4 years, MMB has been tested both in a feasibility study as well as in a randomized controlled trial that have established its effectiveness in reducing depression and its acceptability to women who have used it both in Australia and the United States (where it is called *MomMoodBooster*- the Australian version has its own Australian videos of a welcoming health professional and mothers describing their experiences). It is now also adapted for antenatal use (*Mum2BMoodBooster*).

Once a participant is enrolled in the MMB program, she is able to access each of the 6 sessions — one session per week. Session topics including psychoeducational information about PPD and practical strategies for managing moods, increasing pleasant activities, managing negative thoughts, increasing positive thoughts, and preventing a relapse. Sessions use text, interactions, animations, and videos to engage user interest and encourage follow-through practice of the skills. The program includes online tools to track and chart daily mood ratings and pleasant activities. MMB users can personalize their program content by typing in personal lists, by setting personal goals, and by performing practice change activities in their everyday routines. They can also visit the always-available library of relevant articles on communication skills, getting support, managing stress, managing time, solving problems, sleep and caring for baby, baby's needs, and partner support.

Since depressed mothers of newborn babies often experience social isolation and Since depressed mothers of newborn babies often experience social isolation and stigma, the MMB program also provides access to a private peer-based Web forum in which mothers can post a message as well as read and interact with the messages of other participants.

MMB participants also receive phone calls from a Personal Coach that are designed to provide support, encourage program engagement, and clarify how best to use the online program. Personal Coaches can view an online digital dashboard describing the extent that each participant has used the program. The program also includes a Partner Support website and an Administration website.

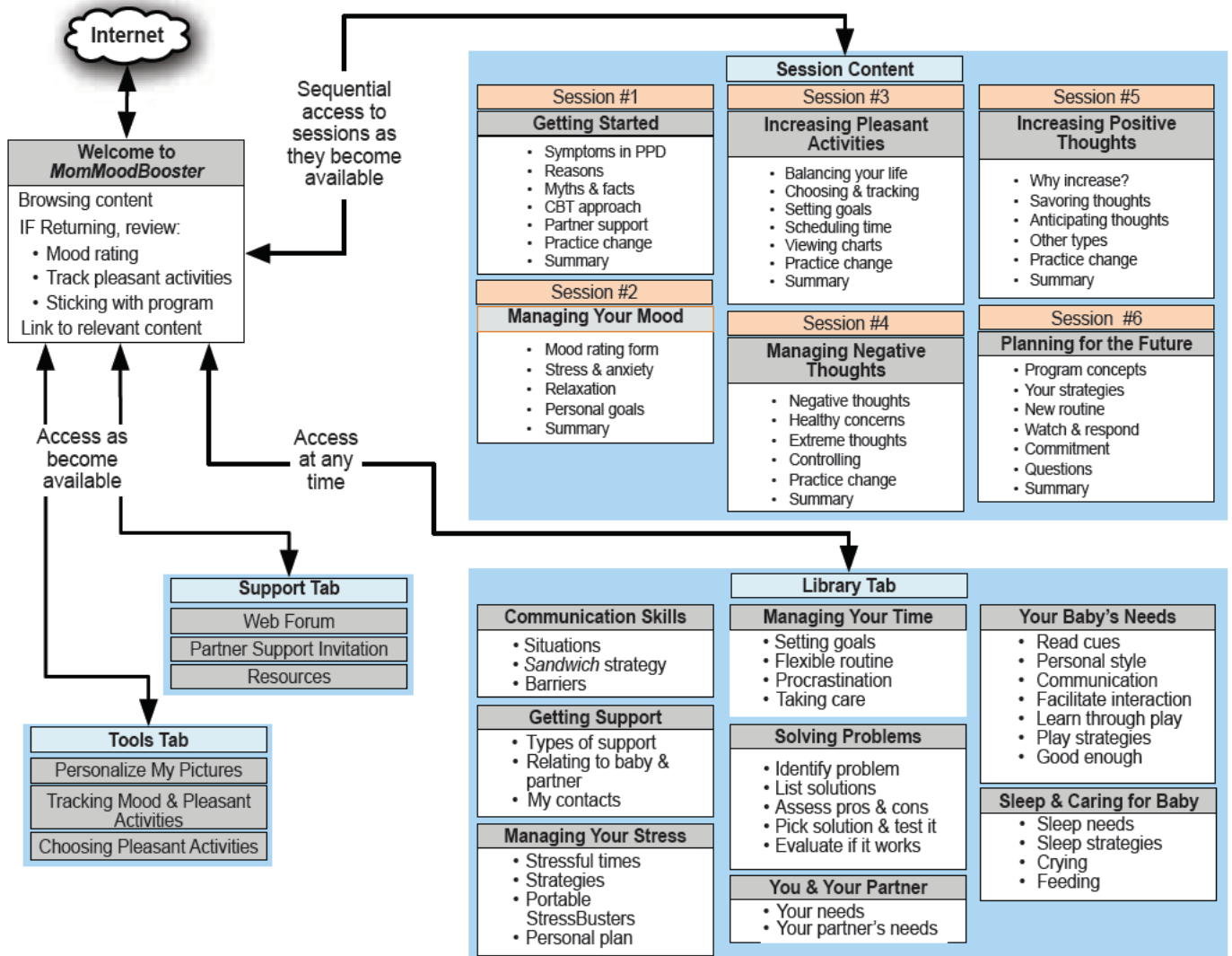
MMB details can be reviewed in the following publications:

Danaher, B. G., Milgrom, J., Seeley, J. R., Stuart, S., Schembri, C., Tyler, M. S., . . . Lewinsohn, P. (2012). Web-based Intervention for postpartum depression: Formative research and design of the MomMoodBooster program. *JMIR Research Protocols*, 1(2), e18. DOI: 10.2196/resprot.2329 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3626158/>

Danaher, B. G., Milgrom, J., Seeley, J. R., Stuart, S., Schembri, C., Tyler, M. S., . . . Lewinsohn, P. (2013). MomMoodBooster web-based intervention for postpartum depression: feasibility trial results. *Journal of Medical Internet Research*, 15(11), e242. DOI: 10.2196/jmir.2876 <http://www.jmir.org/2013/11/e242/>

Milgrom, J., Danaher, B.G., Holt, C., Holt, C.J., Seeley, J., Tyler, M.S., Ross J., Ericksen J. & Gemmill A.W., (2015) Internet cognitive behavioural therapy for women with postnatal depression: a randomised controlled trial of MumMoodBooster. *Journal of Medical Internet Research* (under Review)

Mum MoodBooster



Tools

Personalize My Pictures

Tracking Mood and Pleasant Activities

 Choosing Pleasant Activities

My Workbook

Choosing Pleasant Activities Print

Type your pleasant activities in the list using the four major headings. You can also click the List> button to the right of each blank line to see ideas that can help get you started.



With Baby

- 1
- 2
- 3
- 4
- 5



By Myself

- 1
- 2
- 3
- 4
- 5



With Friends / Family

- 1
- 2
- 3
- 4
- 5



With Partner

- 1
- 2
- 3
- 4
- 5

Tools

Personalize My Pictures

Tracking Mood and Pleasant Activities

 Choosing Pleasant Activities

My Workbook

Choosing Pleasant Activities Print

Type your pleasant activities in the list using the four major headings. You can also click the List> button to the right of each blank line to see ideas that can help get you started.

With Baby

- Play with toy
 - Play a game (*Peek-a-boo; Where's Baby?; So Big*)
 - Stroll with baby
 - Read books
 - Mirror baby's sounds & faces
 - Do fun baby bath
 - Give baby a massage
 - Take Baby and Me class (*swim; sound; movement; art/texture*)
 - Go with baby to storytime at local library
 - Dance with baby
 - Sing to baby
 - Cuddle baby
 - Tickle baby
 - Watch baby when he/she is content
- Read books
Dance with baby
Play with toy
Cuddle
Go with baby to storytime at local library

Cancel

Close

- 4
- 5

- 4
- 5

Session 1

Session 2

Session 3

4 Managing negative thoughts

Negative thoughts

Healthy concerns

Extreme thoughts

All or nothing

Should & musts

Catastrophizing

Sorting Thoughts

Controlling

Practice change

Summary

Session 5

Session 6

My Workbook

Extreme thoughts: Catastrophizing thoughts

It's normal to worry at times about what might happen in the future. But when your thoughts include worries that are catastrophic - then you are having extreme negative thinking which needs to be controlled. Simply stated, catastrophizing is blowing things out of proportion. For example, telling yourself that a current event is really a sign that something **terrible** - a catastrophe or the end of the world - will happen in the future. Blowing today's problems out of proportion is counterproductive because it makes it much harder for you to find a solution.



Examples:

1: Baby cannot get into carseat

The situation...

You watch your overly tired baby resisting being put in his car seat.

You think...

"I can't stand it. This is awful. That baby is going to grow up to be a completely out-of-control adult who will never amount to anything whatsoever!"

You feel...

Defeated, depressed, hurt.

2: Baby sick...

3: Friend drops over...

List some examples of your catastrophizing thoughts.

My "Catastrophizing" Thoughts

- It is just terrible that my child will not be a normal kid. [List >](#)
- What if my partner leaves me because of my unattractive body. [List >](#)
- It is awful that he is going to be a deadbeat father. [List >](#)

Sorting Out your Thoughts

Extreme Thoughts or Healthy Concerns?

Drag the highlighted sample thought into the box where you think it belongs.

Sample Thoughts

- I get upset when my baby cries
- I should be able to meet all of my baby's needs
- I get frustrated when my baby wakes me up
- I must keep up with the housework
- I feel embarrassed when my house is a mess
- I have to stay home with the baby
- I would like to get out of the house more often
- It is just terrible that my baby will not be a normal kid

Extreme Thoughts

- I will never be a good parent
- What if my child is unable to manage herself when she grows up
- My partner never helps with the baby

• I cannot soothe my baby effectively

Healthy Concerns

- Being a parent is harder than I imagined it would be
- I would like to be more patient
- Sometimes I want a break from my baby
- I'm feeling sad today
- I wish my partner would take care of the baby more often

Home Sessions Library Tools Support

Recognize Choice Point

Choice Point
Think I will never understand my baby's needs

Watch partner settle baby effectively

Feel defeated

Feel even worse

Have difficulty soothing baby

Feel inadequate

Think I am an awful mother

Act annoyed with partner

◀ Rewind || Pause

Close

In fact, you have it in your power to evaluate whether a particular thought is extreme or whether it is a healthy concern. It is time for you to develop a plan for how you will manage extreme thoughts instead of letting them almost automatically push you into having a negative reaction.

BACK NEXT

Session 1
 Session 2
 Session 3
4 Managing negative thoughts
 Negative thoughts
 Healthy concerns
 Extreme thoughts
 Controlling
 Stopping
 Choice point
 Practice change
 Summary
 Session 5
 Session 6

My Workbook

Mum Mood Booster

Hi qwertyus!

Next Coach Call: test2

Reschedule Call | Log out

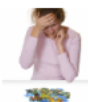
-  Library
- Communication Skills
- Solving Problems
- Getting Support
- Sleep & Caring For Baby
- Managing Your Stress
- Your Baby's Needs
- Managing Your Time
- You & Your Partner

My Workbook

Library



Communication Skills
 Moms can have difficulty expressing their true feelings...



Solving Problems
 Identify options, try them out, and revise as needed...



Getting Support
 A network of supporters who know and care for you can help...



Sleep & Caring for Baby
 Tips for caring for and interacting with your baby...



Managing Your Stress
 Reducing your stress levels and learning to cope better...



Your Baby's Needs
 Babies thrive on attention that is in synch with their emotions...



Managing Your Time
 Refresh your skills to regain more control of your time...



You & Your Partner
 Strengthening your relationships is essential...

Library

Communication Skills

Solving Problems

Getting Support

Sleep & Caring For Baby

Managing Your Stress

Your Baby's Needs

Managing Your Time

 You & Your Partner

Your Needs

Your Partner's Needs

It Takes Time

Stress Of

Fatherhood

My Workbook

Your partner's needs: It takes time

As we just noted, many women rely on their partners for nurturance, but remember your partners need to have supports, too!

Men become fathers over time, not overnight. Expect that it will take them time to feel comfortable in their new role. Taking the time to be with their baby, learning what they enjoy and how they interact will be the foundations for a good relationship. Dads provide special experiences for babies through their interaction and play.

Dads also need your support to develop their own relationship with their baby. They might not do everything just as you do but this provides the opportunity for a unique relationship to form. Fathers can also experience a sense of loss of their previous relationship with you now that there is a baby to be considered. They may feel a bit displaced or ignored as you lavish all your attention on the new baby.



Most couples experience a decrease in intimacy, especially sexual intimacy, after the arrival of their baby. Communication is the key to navigating your way around some of these delicate issues.

Family issues need to be considered

New parents tend to think more often about their own childhood; they identify with their own parents or parental figures, they think about what they liked or disliked and what has left them with happy or disappointing memories. Dads might wonder how their relationship with their own father has influenced their attitudes and behavioral as a father.

Most people have things they admired about their own parents and things they would like to do differently in their own parenting. There is no such thing as a 'perfect father' but it is worth considering what your partner's ideas are about how he wants to be as a father.



BACK



NEXT



www.piri.org.au