The STRONG MOM Program
SEEL Manual for Providers
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Project Contributors

Project Rationale & Focus
THE STRONG MOM MANUAL

PROJECT OVERVIEW

PROJECT CONTRIBUTORS

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- The Institute for Family Health
- Pediatrics, Gouverneur Health Services

Acknowledgements

The STRONG MOM Program is modeled after and adapted from The Rose Program (Reach Out and Stay Strong Essentials by Caron Zlotnick, PhD). The strategies and techniques are adapted from those used in Interpersonal Psychotherapy (Klerman et al, 1984).
Project Rationale

- Depression in mothers has potentially far-reaching harmful effects on children and families, with documented poor developmental outcomes for children. Maternal depression can result in infants and young children with difficult temperaments, as well as attentional, social, emotional and behavioral problems that last into adolescence (Field 2010, 2011).

- Maternal depression can undermine maternal practices such as engagement in preventive practices (e.g., car seat use, breastfeeding rates, adherence to well child visit attendance and related recommendations and vaccination schedules) (McLennan, 2000; Leiferman, 2002; Field, 2010; Field, 2011).

- Evidence exists that treating maternal depression can influence mother and child health outcomes (Earls, 2010; Field, 2010).

- AAP recognizes the unique ability of pediatric primary care providers to intervene in family health and mental health.

- The frequency of pediatric visits during the first year of a child’s life make the Pediatric Primary Care (PPC) setting an ideal one for managing maternal depression. Well-baby visits represent the most consistent contact mothers of young children have with the health care system (Chaudron et al., 2004; Perfetti, Clark & Fillmore, 2004).

- Screening and detection of maternal depressive symptoms can be integrated into routine well-child check-ups, as part of anticipatory guidance (Earls, 2010). Studies have shown that screening and management are possible and effective in identifying maternal depression in pediatric practices, including data suggesting positive health outcomes for women (Milgrom et al., 2011; Rojas et al., 2007; Yawn et al., 2012; Leung et al., 2010).
SCREENING

Estimated Time: 10-15 minutes
Format: Individual

Screen Outline
a. Introduce self and screening program
b. Review Screen Results

Screen with PHQ-9

a. Introduce self and screening program

Hello, my name is __________ and I am xxx [relationship to practice].

As a practice, our job is to help mothers get a good start for their babies. To help us support you, we’d like you to take some time to complete a form about your mood over the last couple of weeks. If you prefer to go through them together, we can do that. [If language assistance is needed, provide an interpreter or non-English version of the questions.]
[Handout PHQ-9 + Visual Aid- refer to Screening Tools]

b. Review Screen Results

Let’s review the results.
POST SCREENING: REVIEW RESULTS

Low Risk: PHQ-9 < 10
Looks like things are generally going okay for you. We will check in on your mood again in 6 months. However, should you experience any changes that are of concern, please do not hesitate to bring it up with me or anyone in the practice.

Crisis Management: If mother scores > 19 on the PHQ-9 or endorses item 9 on PHQ, or presents with high risk indicators (e.g., psychotic symptoms, thoughts of harming baby), follow clinic protocol and involve a behavioral health specialist.

For women whose PHQ-9 is between 10-19:
Your score suggests that things might be difficult at this time. This is common among mothers of new babies. Let’s schedule a follow-up appointment with ______ so she can give you some support.

(REFER TO NYU STUDY USING SCRIPT)

(Please complete Permission to Contact form. See study recruitment materials.)
EVALUATE: RISK ASSESSMENT/TRIAGE

AT NEXT APPOINTMENT:
Give the PNRQ or review results of PHQ-9 and PNRQ risk composite with woman.

Introducing the PNRQ (Risk Assessment):
Thank you for meeting with me. I reviewed the form you filled out about your mood at your last appointment. I appreciate how honest you were with your responses. [REPEAT PHQ-9 if it has been more than 2 weeks since it was last completed]. Before we decide on a care plan, I’d like you to complete a different set of questions about your personal history so we can decide how best to help you. We can fill it out together if you prefer.

Manage Care based on Risk Profile:

Moderate Risk Profile: PHQ-9 ≥ 10 and PNRQ < 24:
Your responses suggest that things might be stressful for you right now. At the same time, you have a number of strengths. Proceed with Engagement/Education/Linkages.

High Risk Profile: PHQ-9 ≥ 10 and PNRQ ≥ 24
Your responses suggest that this might be a stressful time for you. In addition, there appears to be a number of personal factors [highlight them] that put you at risk for postpartum depression.
EVALUATE: TRIAGE BASED ON RISK PROFILE

Scores:

- PHQ-9 ___________
- PNRQ ___________

**PHQ-9 < 10**
- **PNRQ < 24**
  - Re-screen at 6-month visit, or when clinically indicated

**PHQ-9 item 9 ≥ 1**
- OR **PHQ-9 > 19**
  - Follow Crisis Protocol

Follow Stepped Care Protocol

- **PHQ-9: 10 - 19**
  - **PNRQ < 24**
  - Psychoeducation Session

- **PHQ-9: 10 - 19**
  - **PNRQ ≥ 24**
  - Psychoeducation + STRONG (or Assist+Link per mother’s preference)

DATE: __________
**PROJECT OVERVIEW**

**STEPPED CARE PATHWAY FOR MANAGEMENT OF MD IN PPC**

1. **Screen PHQ-9** (2-month well-child visit)
   - **IMMINENT RISK**
     - PHQ-9 > 19
     - Active SI, q.9
     - Psychotic Sx
     - Thoughts of harming baby

2. **Assess for risks (PNRQ)**
   - Crisis Management
   - Assess preferences for services/resources
   - **Usual Care**

3. **Manage**
   - **Active Linkage to MH Tx**
     - Motivational Interviews
     - F/U to facilitate linkage
   - **Medication***
   - Psychoeducation + Short-term IPT-based interventions
     - 1 Session Psychoeducation
     - 3 sessions where possible as part of well-child visits
   - **Psychoeducation about Postpartum Depression**
     - 1 Session

4. **Follow-up**
   - Reassess @ next visit, risk assessment
     - No Sx remission
       - Refer back to Active Linkage to MH Tx
     - Sx remission
       - Rescreen @ 6 month visit or when clinically indicated
   - Reassess @ next visit, risk assessment
     - No Sx remission/increase in risk
       - Refer back to short-term IPT
     - Sx remission
       - Rescreen @ 6 month visit or when clinically indicated

---

*PNRQ: Postnatal Risk Questionnaire

---

*MH treatment onsite if expertise available
**Put in place linkages to MH services/resources
***Explore medication as a treatment option and refer as appropriate*
Estimated Time: 30-45 minutes
Format: Individual

**Psychoeducation Session Outline**

1. Engage
   a. Elicit mother’s story
   b. Probe for social supports
   c. Offer support

2. Educate
   a. STRONG Kit for Moms
   b. For Low Income Families: Assess and Address Basic Needs

3. Link:
   a. Joint decision development of help-seeking plan

4. Provider Checklist
1. Engage

a. Elicit Mother’s Story

Let’s talk about how things are going for you.

- Give mom time and space to tell her story. The goal is to understand mom’s reality – feelings, worries, beliefs, values – and to understand what is important to mom and her level of confidence in making changes to her situation.

If mom is overwhelmed or needs prompting:

Let’s start with the past few weeks. Did one particular thing seem to upset/worry/stress you out?

b. Probe for social supports

Not just thinking about this recent transition to motherhood, who have you turned to when you felt distressed or needed practical or emotional help? (What has been helpful in the past. and what has not been helpful?” If not first time mother, ask: How have you coped and what was successful after the birth of your older children?)

c. Offer Support

There is help available. Let’s talk about what kind of help you might need.
2. Educate

Having a baby is one of the biggest changes you can possibly go through. It is a myth that having a baby is supposed to be an exciting and joyful experience for a woman. The reality can be quite different. The new demands, challenges and pressures can leave you feeling overwhelmed.

I’d like to share some information and resources that may be helpful as you navigate your (new) role as a mother.

- Give mother STRONG Kit for Moms.
- Highlight sections that might be particularly relevant for the mother, given her personal unique situation.

This kit contains some very helpful information:

- Myths/Realities about Motherhood
- Common Complaints from New Moms
- Information about Maternal Depression
  — Baby Blues vs Depression
  — Who is at risk for depression?
- What Can I Do?
- My Resources to Stay Strong (Highlight relevant resources for the woman)
- Parenting Skills and Tips
The key is reaching out for help and support when you need it.

For low income families:

- Assess for basic needs (food, shelter, safety, employment, baby and household supplies)

  Are there specific basic needs that I can help link you to at this time?

- Provide appropriate linkages to specific social services

  Please let me know if the information in the kit does not adequately address your needs; I will be sure to get you connected to the right resource. [Be sure to follow up with specific information as requested.]

3. Link

For those with moderate risk profiles:

After taking some time to review the STRONG Kit for Moms, say:

- We’ll check in with you the next time you come to see how things are going.
- Should you experience any changes that are of concern at anytime, please do not hesitate to reach out to me or anyone in the practice.
For those with high risk profiles:

- Having a baby brings about new demands. Such changes, particularly stressful ones, are often associated with depression. One of the high risk periods for depression is when moms have very young children in the home.

- The good news is that there is a great deal known about how to effectively make it through big changes.

- Effective interventions may include counseling and/or medication. How do you feel about either? [Give mom time to articulate her concerns; validate them]

- Assist mom in connecting to appropriate service (may be her own primary care provider, specialty care, etc). [Refer her to STRONG Kit for Moms (Resources for New Moms), and/or clinic referral process].

For practices that are offering the STRONG MOM PROGRAM:

We know that it can be difficult for new mothers/mother with young children to make additional commitments. Our practice is offering a brief, 3-session program for mothers, like you, called the STRONG Program. This can be offered here in our office and/or over the phone. The program:

- Addresses depression symptoms and interpersonal problems commonly experienced by new mothers (e.g., role transition, managing relationships).
• Focuses on the connection between mood and interpersonal problems.
• Focuses on changing these relationship challenges to shift your mood.

Hand out The STRONG Moms Program Brochure
When moms feel better, they raise healthier and happier children. We think this program could be very helpful to you. What do you think?

• If mom is willing to commit to the STRONG Program, connect her or schedule appointments. [If necessary, trouble shoot using Tips on Engagement/Motivational Interviewing on P. 25 and P. 26]

Woman’s phone #: ____________________________
Woman’s back up phone #: ____________________________
Texting?  Y  N
Calling?  Y  N
Email?  Y  N
NEW MOM? FEEL SAD, WORRIED, AFRAID, OR TROUBLE MAKING DECISIONS?
Having a baby is hard. Many new moms have trouble finding energy to care for
themselves, their infants, and their families. If this describes you, remember this: it is not
your fault. You are not alone. And we are here to help.

Our STRONG program is for mothers of babies 6 months and younger; it does not have to
be your first child to enroll in STRONG. Become a STRONG mom and raise healthy,
happy kids.

WANT TO ENROLL? PLEASE CONTACT:
NAME: ELIZABETH GLAESER
PHONE: 646-754-5096
EMAIL: ELIZABETH.GLAESER@NYUMC.ORG
WEBSITE: http://
www.ideas4kidsmentalhealth.org/401/
login.php?redirect=/strong-mom-study.html

The STRONG program was developed by The IDEAS Center at New York University,
Department of Child and Adolescent Psychiatry, NYU Langone Medical Center.
For information: www.ideas4kidsmentalhealth.org
Having a baby can be difficult for many mothers. Many women have difficulty finding the energy to care for themselves, their infants, and their families. They may feel sad, worried, and afraid, and have trouble making decisions. If this describes you, remember this: YOU ARE NOT ALONE. HELP IS NEAR.

- It is not your fault;
- It can affect any woman, regardless of age, race, income, culture or education.

**Why address these difficulties now?**

- Without intervention, symptoms may last weeks, months or even years.
- Depressed mothers have trouble being effective parents.
- Infants and young children have poorer health, social, and academic outcomes when their mothers are depressed.
- Effective interventions are available.

**What is STRONG?** STRONG is a 3-session program to help at-risk mothers transition to becoming a mother (first time or not). Moms learn:

- To develop survival skills and tools
- To manage relationships to get what she needs
- To plan for the future

**Who is this program for?** Mothers with infants 6 months or younger.

**What is the time commitment?** Three 60-minute in-person or phone sessions.
**Helpful Engagement Techniques:**

- **Use open ended questions:**
  
  Tell me more…What worries you the most? What are you doing that helps?

- **Affirm/Validate without judgment:**
  
  This is a really hard time for you (or you have been going through a lot!). Reinforce her efforts/strengths (e.g., I appreciate your honesty…I am pleased you were willing to come today…)

- **Reflection:**
  
  Listen to confirm/clarify and deepen understanding of what mom is saying. Could involve simple repeating; more complex reflection of feelings, concerns, values (e.g., It’s really important for you that …)

- **Summarize:**
  
  Beginning to move into “change talk”, with increased focus and/or planning (e.g., So, where would you like to go from here?)
MOTIVATIONAL INTERVIEWING

Meeting Mom Where She is At
For more extensive reading on motivational interviewing strategies, refer to:

1. For Moms in Pre-Contemplation Stage

*Mom is not considering getting help:* “Stress/depression is not a concern for me.”

**Goal:** Help mom develop a reason for getting help

- Validate her experience: “I can understand why you feel that way.”
- Acknowledge the woman’s control of the decision: “It’s up to you to decide if and when you need help.”
- Repeat a simple, direct statement about your stand on the benefits of getting help: “I believe that the stress (use mom’s words) you are under will influence how well you can care for your baby and family. Caring for a baby is hard work even in the best of times. Making some changes could help you feel better and better enjoy this time with your baby.”
- Explore potential concerns: “*What are your concerns about getting help?*” Explore shame, stigma, social service concerns, judgment, negative prior experiences with “helpers.”
- Acknowledge possible feelings of being pressured: “It can be hard to initiate getting help when you feel pressured by others. I want to thank you for talking with me about this today.”
• Leave the door open for future conversations. Validate that they are not ready: “I hear you saying that you are not ready to get help right now.”
• Restate that it’s her decision: “It’s totally up to you to decide if this is right for you right now.”

Encourage reframing of current state of change—the potential beginning of a change rather than a decision never to change: “Getting help is hard, and the first step is to see the reasons why help is needed. And that’s what I’ve been talking to you about. Would you be willing to think about this further and talk to me about it at our next visit?”

2. For Moms in Contemplation Stage

*Mom is ambivalent about getting help.* “Yes, my stress/mood is a concern for me, but I’m not willing or able to find time/energy to deal with it."

**Goal:** Identifying the Pros and Cons

• Validate mom’s experience: “I’m hearing that you are thinking about getting help; you’re definitely not ready to take action right now.”
• Acknowledge mom’s control of the decision: “It’s up to you to decide if and when you are ready.”
• Clarify mom’s perceptions of the pros and cons of treatment/intervention: “What is one benefit of getting help? What is one drawback of getting help?”
• Encourage further self-exploration: “Would you be willing to think about this further and talk to me about it at our next visit?”
• Restate your position that it is up to them: “It’s totally up to you to decide if this is right for you right now. Whatever you choose, I’m here to support you.”

• Leave the door open for moving to preparation: “If you feel you would like to get some help, we can discuss them.”

3. For Moms in Preparation Stage

_Mom is preparing to change._ “My stress/mood is a concern for me; I’m clear that the benefits of getting treatment outweigh the drawbacks, and I’m planning to start doing something about it.”

**Goals: Assist and Link**

• Reinforce the decision to change behavior: “It’s great that you feel good about your decision to get help; you are taking important steps to improve your health.”

• Prioritize behavior change opportunities: “Based on what we discussed, it sounds like a big benefit for you would be to get help from xxx. What do you think?”

• Identify and assist in problem solving re: obstacles: “Have you ever gotten treatment for depression before? What was helpful? What kinds of problems would you expect in getting help now? How do you think you could deal with them?”

• Encourage small, initial steps: “So, the initial goal is to set up the appointment with xxx.”

• Assist woman in identifying social support: “Which family members or friends could support you as you make this change? How could they support you? (e.g., childcare, transportation) Is there anything else I can do to help?”
Client ID: __________________ Provider ____________________
Date of session: ____________ Start Time: _____ End Time: _____
Location: _____ In Person _____ Telephone

Psychoeducation Session: Engage, Educate, Link
___ 1. Introduces self
___ 2. Reviews screening and/or assessment
___ 3. Engages mother: elicits her story, probes for social supports
___ 4. Provides psycho-education on postpartum depression
___ 5. Provides and reviews resource packet (STRONG Kit for Moms)
___ 6. Discusses options for help
___ 7. Assists and Links
___ 8. Completes case disposition sheet

Case Disposition:
1. Follow up in 6 months
   ___ Rescreen/Reassess
2. Follow up at next visit:
   ___ Rescreen/Reassess
   ___ Follow up on success of linkage
   ___ Other: ______________________
3. Linkage to formal services:
   ___ Outside provider: ______________________
   ___ Early Intervention Service: ______________
   ___ STRONG Program
   ___ Other: ______________________
4. Linkage to informal supports:
   ___ Support Group for Moms
   ___ Website
   ___ Religious/Spiritual group
   ___ Other: ______________________
5. Linkage to social services
   ___ Food ___ Shelter ___ Safety ___ Employment
6. Other: ______________________

Additional Notes: ____________________________________________________________
Screening Tools

- Patient Health Questionnaire-9 (PHQ-9)
  1. Helping staff talk about the PHQ-9
  2. PHQ-9
  3. Visual Aid
  4. Follow-up questions for suicide item #9
  5. Scoring

- Postnatal Risk Questionnaire (PNRQ)
## Screening Tools

### Helping staff talk about the PHQ-9

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| **Why do I need to fill this out?**                                      | Screening  
Your provider is interested in how you are feeling. It’s like taking your blood pressure or temperature but it’s focused on how you’ve been feeling over the past 2 weeks. We ask these questions for all of our patients because we care about how you’re doing in all areas.  
Follow-Up (already in treatment)  
Your provider wants to know how you are feeling so that we know if the treatment is working. It’s important to measure regularly so that we can change the treatment if it’s not working. |
| I don't have these problems. Why do you want me to fill this out?        | It’s like taking your blood pressure or temperature. We check everyone so that we can keep track of how you’re feeling over time. If you’re concerned about these questions you can talk with your provider about it. |
| Do I have to fill this out even if I'm not comfortable answering these questions? | You never have to fill out a form or answer questions that you’re not comfortable with. If you’re concerned about these questions you can talk with your provider about it. |
| I would rather just talk to my provider about these questions instead of filling this out. Is that ok? | Yes, of course. |
| I don't understand some of these questions. Can you help me?             | If you have questions about the specific items on the form and how they apply to you it would be best to talk about that with your provider. |
### Patient Health Questionnaire-9 (PHQ-9)

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself, or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching t.v.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or, the opposite — being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Column Totals**

\[
\begin{align*}
\text{Not at all} & + \text{Several Days} + \text{More than half the days} = \text{Add Totals Together}
\end{align*}
\]

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

   _____ Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult
Over the last 2 weeks, how often have you been bothered by any of the following problems?

- Not at all
- Several days
- More than half the days
- Nearly every day
PHQ-9 Follow-up Questions for Patients Scoring 1-3 on Question #9

The final assessment of whether immediate action is needed is up to the licensed professionals within their scope of practice.

1: Do you feel like life isn’t worth living?

Yes = Go to Follow-up Question #2
No = Write down what patient was thinking when they answered Question #9

A warm handoff would be useful but no urgent need for immediate assessment if behavioral health staff not available for warm handoff.

2: Do you have thoughts about harming yourself?

Yes = Go to Follow-up Question #3
No = Write patient’s comments

A warm handoff is still best but no need for immediate behavioral health staff assessment if not available.

3: Do you have plans for how you would harm yourself?

Yes = Go to Follow-up Questions 4 and 5

4: Do you plan to act on this soon?

5: Do you have the means to harm yourself?

IMPORTANT: Yes on items 3, 4, or 5 should be reported to behavioral health staff before patient leaves the clinic so a decision can be made regarding actions to take.
Patient Health Questionnaire-9 (PHQ-9) Scoring

PHQ-9 SCORING
Add the total points for each of the columns 2-4 separately
(Column 1= Several days; Column 2= More than half the days; Column 3= Nearly every day.) Add the totals for each of the three columns together. This is the Total Score

The Total Score= the Severity Score

**Total Score**
- Add the points for each of the columns separately
- Add the subtotals for each of the 3 columns to produce a Total Score
- The possible range is 0-27
- Use the table below to determine next step:

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
<th>Action Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10</td>
<td>Mild</td>
<td>Watchful waiting &lt;br&gt;Repeat if clinically indicated at next visit, or at 6-month well-baby visit</td>
</tr>
<tr>
<td>10-19</td>
<td>Moderate</td>
<td>Refer to Study &lt;br&gt;Schedule follow-up appointment for psychoeducation and care plan</td>
</tr>
<tr>
<td>&gt; 19</td>
<td>Severe</td>
<td>Educate and actively link to behavioral health</td>
</tr>
</tbody>
</table>
### Postnatal Risk Questionnaire (PNRQ)

This is part of your assessment and will guide your primary care provider as to what services can be offered to you. PLEASE COMPLETE ALL ITEMS.

(*shaded boxes will be completed by your provider)

1. When you were growing up, did you feel your mother was emotionally supportive of you? (If you had no mother circle 6).

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>very much</td>
<td>somewhat</td>
<td>not at all</td>
<td>or not mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. a) Have you ever had 2 weeks or more when you felt particularly worried, miserable or depressed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

b) Do you have any other history of mental health problems? (e.g., eating disorders, schizophrenia, bipolar disorder)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Please specify:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Please specify:

2. c) Do you have any history of substance use problems? (e.g., alcohol, smoking, drug use)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Please specify:

2. d) Seriously interfere with you work and your relationships with friends and family?

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
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<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>very much</td>
<td></td>
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</tbody>
</table>

3. Is your relationship with your partner an emotionally supportive one? (If you have no partner, circle 6).

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</tr>
</thead>
<tbody>
<tr>
<td>very much</td>
<td>somewhat</td>
<td>not at all</td>
<td>or no partner</td>
<td></td>
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</tbody>
</table>

4. a) Have you had any stresses, changes or losses in the last 12 months (e.g., separation, domestic violence, unemployment, bereavement) list?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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If yes to 4a, answer 4b:

5. Would you generally consider yourself a worrier?

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</table>

6. In general, do you become upset if you do not have order in your life (e.g., regular schedule, tidy house)?

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</table>

7. Do you feel you have people you can depend on for support with your baby?

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</tbody>
</table>

8. Were you emotionally abused when you were growing up?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

9. Have you ever been □ sexually or □ physically abused?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

10. Was your experience of giving birth to this baby disappointing or frightening?

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11. Has your experience of parenting this baby been a positive one?

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12. Overall, has your baby been unsettled or feeding poorly?

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</table>

**Total:**
Postnatal Risk Questionnaire (PNRQ)

PNRQ

Note: explain change in scale organization throughout the survey.

i. For items 2a, 2b, 2d, 4, 8, 9: Yes/No answers (2x is not scored)
   a. Score Yes=5, No=0 and place the scores in the boxes along the right hand side.
   b. IF answer is “No” to Q2a &/ or 2b; or 4a: skip to subsequent Question (ie. In this case there should be no score given for items 2C, 2d, 4b)

ii. For items 1, 2c, 3, 4b, 5, 6, 7: Likert scale 1-5 (or 6 when answer is no mother or partner)
   c. Score the number circled and place the scores in the boxes along the right hand side.

iii. **Sum all scores** (yes/no and circled answers) and place total in the box at the top of the questionnaire.

iv. Minimum score is 7; Maximum score is 67

Total Score Interpretation & Care Planning

There is no absolute cut-off score for the ANRQ, but a score of **23 or more** suggests presence of **significant psychosocial risk factors**, and consideration of the woman as at significantly increased risk of perinatal mental health problems.

Further enquiry is indicated to establish psychosocial care needs and treatment planning.

NB: No total score has been validated for the PNRQ; it is suggested that a cut-off of ≥23 is also used.

**REFER TO CARE PATHWAY ON P. 10**
1. STRONG MOM SEEL Manual (Screen, Evaluate, Educate, Link)
2. STRONG MOM Kit (Psychoeducation material)

Supplemental Material Available Upon Request:
Crisis Protocol (Suicidality)
Safety Plan (Handling abusive relationships)