# Culturally Responsive Trauma-Informed Interviewing for Postpartum Depression

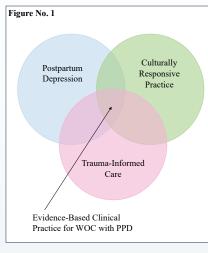
## Lindsey Kuniewich Faculty Mentor: Dr. Cinzia Pica Assumption University, Department of Health and Human Services

#### Abstract

In the diagnosis and treatment of postpartum depression (PPD), it is essential for a clinician to recognize the unique identity and needs of a client. Historically, both the physical and mental needs of women of color (WOC) in the fields of obstetrics and gynecology have been invalidated or ignored which has influenced modern attitudes in healthcare settings. Providing high-quality perinatal mental healthcare for WOC with PPD requires clinicians to utilize trauma-informed approaches while also acknowledging how a client's cultural identity impacts the assessment and treatment of their PPD. A literature review of PPD, trauma-informed care, and culturally competent practices was conducted. A semistructured interview was also conducted with a maternal mental health clinician to learn more about clinical practice with culturally diverse clients diagnosed with PPD. This presentation concludes with evidence of best practices for women experiencing PPD.

## Introduction

- Postpartum depression (PPD) is a common mental health condition developed by women post-birth.
- Culturally competent practices seek to recognize and integrate a client's cultural identity into treatment.
- Trauma-informed care acknowledges the vast impact of a client's trauma and uses this knowledge to inform healing.
- Utilization of culturally competent, trauma-informed interviewing skills is necessary for the successful evidence-based treatment of postpartum depression in women of color.
  - Model: Figure No.1.



## Purpose

To identify current evidence-based practices relating to the use of culturally responsive and trauma-informed interviewing skills for women of color diagnosed with postpartum depression.

### Methodology

- A Literature Review was conducted.
- Utilized three Databases: BMC, NCBI, and PubMed.
  Utilized additional literature from APA, SAMHSA, Sage Journals, and University at Buffalo.
  - Identified research and other works focused on postpartum depression, cultural competence, and trauma-informed practices in clinical counseling.
- Key Terms: cultural competence, culturally responsive, evidence-based clinical practice, perinatal, postpartum depression, reproductive healthcare, trauma-informed care
- Limiting Terms: All research was based on publications made in the past fifteen years (2009-2024), with no translations.
- A semi-structured interview with a maternal mental health clinician was conducted focusing on best practices when working with clients with diverse cultural identities.
- Six questions were asked relating to the topics of PPD and cultural competence and the relationship between the two in evidence-based clinical counseling.
- Included a discussion of the role cultural identity plays in individual cases of PPD.

## Results

#### **Postpartum Depression:**

- Postpartum depression is a mental health condition developed by about 6.5% to 20% of women typically within 6 weeks after childbirth (Mughal et al., 2022).
- PPD is different from the "baby blues" as it is longer-lasting and can severely impair daily functioning.
- Symptoms can include depressed mood, loss of interest or pleasure, guilt and sense of worthlessness, loss of energy and fatigue, and insomnia.
- Psychosocial, psychological, and pharmacological interventions are options for treatment.

#### **Cultural Competence:**

- Historically, WOC have been adversely affected by racial biases in reproductive healthcare (Sutton et al., 2021).
- WOC are more likely to experience risks in both the access and outcomes of reproductive healthcare (Sutton et al., 2021)
- Racial disparities in perinatal healthcare occur on both individual and systemic levels.
- The clinician recognizes their own biases and privileges and how these inform their perspectives.
- The clinician listens to, acknowledges, and respects the client's cultural identity.
- The clinician collaborates with the client to integrate their cultural identity into treatment practices.

#### Trauma-Informed Care:

- The symptoms of trauma and their impact on a client's life are recognized.
- Care shifts from focusing on the problems resulting from trauma to learning about the client's experiences related to their trauma.
- The goal is to appropriately support the client rather than treat their symptoms or problems.
- The clinician bases treatment on five principles: safety, choice, collaboration, trustworthiness, and empowerment.

#### Interview:

- Biases possessed by healthcare providers influence the quality of perinatal care WOC receive.
- WOC tend to report more experiences of discrimination, mistreatment, or abuse by healthcare providers.
- Evidence-based treatment of PPD includes both individual and group therapy, as well as pharmacological interventions if the client chooses.
- The cultural identities and choices of WOC are respected and incorporated into their treatment.



## Discussion

- Every client possesses a unique cultural identity that influences treatment.
- It is crucial to understand the history of systemic injustice in medicine as it continues to impact the way WOC interact with reproductive healthcare.
- The client's cultural identity is embraced and incorporated into treatment.
- The clinician acknowledges a client's trauma and its impact while also seeking to return a sense of power.
- A combination and application of culturally responsive and trauma-informed practices promote a sense of choice, respect, and empowerment in WOC diagnosed with PPD.

### **Final Thoughts**

- Increased acknowledgment of cultural identity, historic systems of oppression, and trauma-informed practices in the individualized assessment and treatment of PPD.
- Integrating the identified practices into treatment better meets the unique needs of culturally diverse clients with trauma experiencing PPD.
- Power and choice are returned to clients following experiences of discrimination and mistreatment in maternal healthcare.
- Clinicians can better develop a therapeutic relationship of trust, respect, and collaboration with clients while promoting empowerment.

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## Reference

