



## ***What Were We Thinking***

a psycho-educational program to prevent postnatal mental health problems in women

### **Pilot Implementation at *bestchance* Child Family Care**

in conjunction with  
City of Monash  
and  
Inner-East Primary Care Partnership

August – December 2012

## **FINAL REPORT**

**December 2011**

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# 1 Background and Methods

## 1.1 The “What Were We Thinking” program

*What Were We Thinking (WWWT)* is a novel, structured, group-based psycho-educational program for parents and first newborns which aims to prevent postpartum mental health problems in women and improve family functioning. It is intended to be offered by trained maternal and child health (MCH) nurse or other qualified health professional facilitators in primary care. It is informed by relevant psychological and health promotion theories and is intended to modify two established risk-factors for depression and anxiety in mothers of infants: partner and infant behaviours <sup>(1)</sup>. Results of a controlled study provide evidence that the program is effective. <sup>(2)</sup>.

Group *WWWT* sessions are designed to take place over a 6 hour period in groups of up to 5 couples and their 4-6 week old infants. The program comprises 14 topics, divided into two sections “About Babies” and “About Parents”. The two sections are conducted sequentially, separated by a break for refreshments.

### 1.1.1 *WWWT* Program materials

A set of *WWWT* program materials is given to each couple attending the program. Materials consist of a folder containing sets of 15 worksheets for use during the group sessions and a book for couples to take home for future reference. All materials are provided by the developers.

### 1.1.2 Facilitator training and supervision

*WWWT* facilitators are trained and supervised by the *WWWT* developers. One full day of training precedes implementation. A Manual for *WWWT* Facilitators, which contains objectives, expected outcomes and learning strategies for each section is provided for each facilitator. Each *WWWT* program is followed by face-to-face supervision for facilitators with the developers.

In 2010 the *WWWT* developers were approached by Ms Christine Thompson (Manager of Programs, *bestchance* Child Family Care) and Mr Christopher Foley-Jones (Coordinator - Systems of Care, Inner-East Primary Care Partnership) to explore the possibility of conducting a Pilot of the program in the City of Monash in 2011.

## 1.2 The Partnership

The Inner-East Primary Care Partnership, the City of Monash and *bestchance* child and family care formed a partnership with Jean Hailes Research, Monash University to conduct a pilot of *WWWT* at *bestchance*. It was agreed that groups would be facilitated by one (or two) trained, qualified health professional(s), optimally a MCH nurse or psychologist, employed by the City of Monash and/or *bestchance*. The program would be offered in a location(s) provided by *bestchance* and/or the City of Monash, which is safe and suitable for use by parents and infants. The intention was to offer three *WWWT* programs during the Pilot.

## ***1.3 Governance***

A Project Control Group (PCG) would be established, to consist of representatives of partners and stakeholders, with responsibility to govern the Pilot project.

### **1.3.1 Project Control Group Meetings**

Regular meetings would be held at the commencement, during the data collection phase and at the conclusion of the project. The PCG's role is to review project plans and progress and to manage implementation of the Pilot.

## ***1.4 Reporting***

The Final Report is to be submitted to the Inner-East Primary Care Partnership at the conclusion of the Pilot. Data for inclusion in the report is to be extracted from:

- registration forms held at *bestchance*;
- anonymous satisfaction surveys, to be provided by Jean Hailes Research Monash University, completed by participants after each *WWWT* session and
- facilitator feedback and supervision sessions.

## 2 Implementation

Implementation of the Pilot took place between June and December 2011.

### 2.1 Project Control Group Meetings

Membership consisted of representatives of *bestchance*, City of Monash Maternal and Child Health Services and Jean Hailes Research, Monash University (Table 1). Five regular meetings, held at *bestchance* prior to and during implementation, were chaired by Mr Christopher Foley-Jones (Inner-East Primary Care Partnership).

Table 1 Membership of Project Control Group

| <i>bestchance</i>                                   | City of Monash                                              | Monash University                       |
|-----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|
| Ms Christine Thompson<br>General Manager - Programs | Ms Lorelle Orrman                                           | Dr Heather Rowe<br>Snr Research Fellow  |
| Ms Geraldine Ryan<br>Team Manager Community Support | Ms Jennifer Sebire<br>Coordinator Children's Services       | Prof Jane Fisher<br>Deputy Director JHR |
| Ms Karen Tytler                                     | Ms Karon Oldfield<br>Coordinator: Maternal and Child Health |                                         |

### 2.2 Facilitator Training

Two three hour training sessions on 5<sup>th</sup> and 12<sup>th</sup> August were conducted at Jean Hailes Research (JHR) by Jane Fisher and Heather Rowe. The Training was attended by three *bestchance* staff: Geraldine Ryan, Vicki Argent and Sue Conti, and three Monash City Maternal and Child Health nurses: Helen Millar, Debra Welsh and Natasha Boschetti.

Training was intended to equip *WWWT* facilitators with the necessary background theory, language and concepts of the program, familiarity with use of the *WWWT* materials and worksheets, group process skills and practicalities of implementing the program. Background reading, *WWWT* program materials and the Facilitator's Manual were provided to each participant.

### 2.3 Marketing to new parents

An advertising flyer promoting the *WWWT* sessions was created. As agreed, the MCH nurses in the City of Monash displayed flyers in MCH centres and made recommendations to their clients. Enquiries were slow in the first few weeks and resulted in very few registrations and attendances at the first two sessions. More active promotion was required. The City of Monash MCH Manager Karon Oldfield agreed to post a letter addressed individually to each couple who had recently given birth to a first baby residing in the City. The letter specifically invited the couple and baby to attend the session. This resulted in an influx of enquiries and the need to offer an additional session.

## 2.4 WWWT sessions and facilitator supervision

A total of 26 people attended four WWWT programs. Three women attended without partners, one of whom was accompanied by her mother.

Very few couples attended the first session. A revised advertising strategy was implemented after which interest from parents increased markedly and the third session was rapidly over-subscribed. A waiting list was created and a decision was made by *bestchance* and Monash City Council to implement a fourth session. The 10 family groups on the waiting list were contacted, three of whom accepted a place. The parents were told that the program was being offered for a limited time only and that priority for attendance at the final session was being given to couples who would attend together. This may have been a factor in the some parents electing not to take up the offer; the date was unsuitable for some and for others the interest in attending had declined. Table 2 provides a summary of the WWWT programs and feedback and supervision sessions.

**Table 2 Summary of WWWT at *bestchance* pilot**

| Date                          | Facilitators | Venue             | Attended                                                          | Feedback and supervision                                                                |
|-------------------------------|--------------|-------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. 19 <sup>th</sup> August    | GR and HM    | <i>bestchance</i> | 1 couple                                                          | GR at JHR<br>7 <sup>th</sup> September                                                  |
| 2. 16 <sup>th</sup> September | VA and HM    | Chadstone Steps   | Little<br>1 couple; 1 mother and grandmother;<br>2 mothers alone. | VA and HM at JHR<br>23 <sup>rd</sup> September                                          |
| 3. 14 <sup>th</sup> October   | GR and HM    | <i>bestchance</i> | 5 couples; 2 mothers alone                                        | GR by phone<br>Week beginning<br>17 <sup>th</sup> October                               |
| 4. 4 <sup>th</sup> November   | GR and HM    | <i>bestchance</i> | 3 couples                                                         | Final de-briefing #1<br>GR, VA, SC at JHR; C F-J attended;<br>18 <sup>th</sup> November |
|                               |              |                   |                                                                   | Final de-briefing #2<br>GR, VA, SC, HM NB at JHR<br>9 <sup>th</sup> December at JHR     |

GR Geraldine Ryan; VA Vicki Argent; HM Helen Millar; SC Sue Conti; NB Natasha Boschetti; C F-J Christopher Foley-Jones.

## 2.5 Participant satisfaction surveys

Anonymous satisfaction surveys were completed by almost all (24/26; 92%) participants immediately after the *WWWT* session. Socio-demographic details, satisfaction with the *WWWT* program, the *WWWT* materials, the venue and timing, self-appraised acquisition of new knowledge and skills, and expectations about whether new knowledge and skills would be applied in the future. Please note that there are some missing data. A summary of participant characteristics is provided in Table 3.

**Table 3 Summary of Participant characteristics**

| Personal Details                     |          |
|--------------------------------------|----------|
| <b>Participants (n=24)</b>           |          |
| • Mothers                            | 15 (63%) |
| • Fathers                            | 9 (38%)  |
| <b>Parent age (n=19)</b>             | 34 years |
| <b>Born overseas (n=19)</b>          | 8 (42%)  |
| <b>Mean age of baby (n=24)</b>       | 8 weeks  |
| <b>Speaks English at home (n=24)</b> | 21 (88%) |

Of the 19 participants who completed the question about country of birth, eight were born overseas in China, England, New Zealand, Sri Lanka and Thailand. This represents good reach into the communities whose first language is not English, given that approximately 46% of residents in the city of Monash were born overseas, the majority in non-English speaking countries<sup>3</sup>. However, several participant couples were in cross-cultural partnerships and all but three participants identified English as the language spoken at home. No one identified as of Aboriginal or Torres Strait Islander descent.

A summary of the survey responses to items about participant experience and learning outcomes is presented in Table 4.

Table 4 Participant appraisal of *WWWT* program

|                                                                                  | Agree | Neutral | Disagree |
|----------------------------------------------------------------------------------|-------|---------|----------|
| <b><u>Program facilitation</u></b>                                               |       |         |          |
| ..the facilitator was knowledgeable and prepared (n=24)                          | 24    | -       | -        |
| ..the facilitator respected my culture (n=19)                                    | 19    | -       | -        |
| ..the facilitator understood my needs (n=19)                                     | 19    | -       | -        |
| ..the session activities to be effective (n=24)                                  | 22    | 2       | -        |
| ..the session activities to be enjoyable (n=14)                                  | 23    | 1       | -        |
| ..this session would be helpful to all new parents (n=24)                        | 24    | -       | -        |
| <b><u>Handouts</u></b>                                                           |       |         |          |
| I found the handouts easy to read (n=19)                                         | 19    | -       | -        |
| I found the handouts easy to understand (n=19)                                   | 18    | 1       | -        |
| I feel that the handouts would be helpful to all new parents (n=19)              | 17    | 2       | -        |
| <b><u>Location and time</u></b>                                                  |       |         |          |
| The session location was easy to find (n=19)                                     | 19    | -       | -        |
| The session location was convenient (n=24)                                       | 24    | -       | -        |
| The length of the session was about right (n=19)                                 | 19    | -       | -        |
| <b><u>Self-appraised learning: Today I increased my knowledge about ....</u></b> |       |         |          |
| ..our baby's behaviour (n=18)                                                    | 14    | 4       | -        |
| ..our baby's development (n=14)                                                  | 11    | 3       | -        |
| ..how to settle our baby to sleep (n=18)                                         | 16    | 2       | -        |
| ..how to talk to my partner/relative about parenting (n=17)                      | 11    | 6       | -        |
| ..how to enjoy being a parent (n=14)                                             | 11    | 3       | -        |
| ..how to share the work of parenting (n=14)                                      | 11    | 3       | -        |
| ..how to find the help and support I need (n=14)                                 | 14    | -       | -        |

In a free text response to the questions about venue and timing, one participant commented:

"I wish I was able to come earlier. It is really good for younger babies".  
and another suggested:

"perhaps start a little later 10 or 10.30... takes longer to get ready in the morning.  
Perhaps use the weekend? This may get more fathers in.

Almost all respondents answered the open-ended questions

1. "What have you learned today that you did not know before?" (n=16 responses).  
Responses were predominantly related to the sleep and settling segments of the program, especially "how to put the baby down to sleep", sleep associations; how much sleep is appropriate; the "feed-play-sleep" routine; settling the baby when she cries and "potentially useful ideas for implementing a routine for us and the baby" and "tired signs". One participant referred to the "About Parents" section and highlighted "better communication between parents".

2. Which skills or ideas do you think you will use after today? (n=17).  
Again most new skills that parents identified as likely to be applied in the future were related to infant care. Specifically, baby-wrapping; placing baby in bed whilst still awake; use of "feed- play- sleep during the day" and distinguishing between infant signs of tiredness and hunger. A few participants referred to skills for improving relationship with others such as "communication - need more of it"; "speak up your own thoughts"; "making time for partner".

1. Other comments (n=9)

All responses to this general question, which are listed below, were very positive.

"Love the session"; "Thank you"; "Definitely worthwhile for both parents to be here"; "Thanks for a great day; very happy with the session"; "learnt a lot and got to share experiences with other parents who understood"; "both presenters were excellent and lovely, they were very generous with their information and experiences"; "Educators/facilitators were fantastic"; "very helpful" and "This was more useful than I can possibly convey".

It is clear that participants were grateful for the opportunity to experience a life-stage specific program that recognises and meets their needs for new knowledge and skills. They valued the opportunity for couples to attend together and appreciated the generosity, sensitivity and skill demonstrated by the facilitators.

## **2.6 Facilitator feedback and supervision**

Sessions were conducted with the facilitators by JF and HR after each delivery of the *WWWT* program (See Table 2). Detailed discussions included facilitators' reflections on the training, the logistics and practicalities of implementation, the challenges they faced, refinements they had made and strengths of the program. Discussions are summarised below.

### **2.6.1 Facilitator training**

Facilitators agreed that they felt generally well prepared by the training sessions to conduct the *WWWT* with fidelity. They specifically valued the pre-reading, which drew attention to the theoretical and empirical evidence on which the program is based. This enhanced their confidence that the program could make a difference for parents.

### **2.6.2 Logistics and practicalities of implementation**

Facilitators' accounts of the circumstances of the program delivery demonstrated remarkable flexibility and skill, in particular when presenting the program to only one couple (Session #1), and to a group which included some parents who had come alone rather than with their partners (Session #2). In one group (Session #3) there were 7 babies, which although demanding, was manageable.

There was some discussion about the relative merits of the two different venues that were used. The Chadstone venue was informal, but the separate "sleeping rooms" encouraged parents to withdraw when settling their babies, which is less optimal than retaining all participants in the room so that settling techniques can be demonstrated to the whole group to maximise modelling, especially of the involvement of men, and learning opportunities.

The *bestchance* location offered the opportunity for a more formal setting using tables for water, folders and pens and the completion of the worksheets. This allowed facilitators to conduct the structured program in a way that positioned it as more than just provision of support and emphasised its educational focus. In this setting, the request to participants to switch off their mobile phones, in order to reduce disruption and improve attention to the tasks, were not seen as unreasonable.

It is well known that cultural and personal sensitivities make some women reluctant to breastfeed in the presence of others especially men. At the *bestchance* location a screen was provided to afford women the necessary privacy, whilst allowing them to continue to hear the session. There was some concern amongst facilitators that there was too much content for one day.

It was suggested that promotional activities or materials should increase the focus on the couple and describe "involved fathering" in every-day terms as a way of "over-selling to men"; to "acknowledge the valuable role of father" in order to make men feel welcome, included and important. Materials used for marketing to parents should also explain that *WWWT* does not replace usual care but adds value. This would be reassuring to women without partners who might otherwise feel that they are missing something by not attending. Marketing materials

should also describe program content explicitly. For example, inaccurate expectations appeared to cause one father, who found the concepts in “About Parents” confronting, to disengage and even express hostility. It is important in any advertising or communication to identify that the program refers to the “About Parents” section.

### **2.6.3 Strengths**

Conducting the *WWWT* program with new parents offers MCH nurse facilitators the opportunity to recognise the broader circumstances of a woman’s life including her relationship with her partner, to assess elevated anxiety, family vulnerability and recognise a need for additional support or referral for professional.

The facilitators found the use of group work especially useful. Participants gained from the opportunity to identify with others at the same life stage. Inviting men to reflect on their experiences of the birth, which is rarely offered in other circumstances, was very powerful. In one case it offered the couple a chance to recognise that their hyper-vigilance about the baby had its origin in anxiety surrounding a traumatic birth.

The use of two co-facilitators was an added benefit, because it offered opportunities to monitor the group process, recognise and respond to participant needs, and call on additional information or perspectives available from two different disciplines.

### **2.6.4 Challenges**

1. Whilst all agreed that the *WWWT* Training was appropriate and sufficient for their needs and that the Manual has sufficient detail about content, facilitators suggested further emphasis needs to be placed on the following topics:
  - equipping facilitators with new skills to provide couples with the means to find further information; *WWWT* is time-limited and not all answers are available;
  - appropriate boundaries of self-disclosure for facilitators;
  - skills to contain anxiety and personal disclosure amongst participants;
  - skills to include fathers and provide for their needs and expectations in respectful ways.
  - methods to facilitate shifting the focus of discussion during the *WWWT* program to the couple relationship, when participants’ primary motivation for attendance may be to increase their skills in infant care.
2. Mentoring and supervision of new facilitator to be seen as an integral part of any implementation.
3. The need to investigate the suitability of *WWWT* for culturally and linguistically diverse groups in this region, including Chinese, Indian and Sri Lankan communities, who can find participation more difficult.
4. The importance of the invitation letter, which should suggest that couples defer a day of paternity leave to attend *WWWT*, if the session is scheduled after the father’s return to employment.
5. The booking phone call, which is ideally from the facilitator, should be used to build trust and rapport and to establish the facilitator’s professional credentials and participants’ expectations about the *WWWT* program.

### **2.6.5 Follow up**

Since the pilot was completed *bestchance* has had several calls from interested new parents wanting to attend the program. In one instance, the caller had heard about the program from her friend who had talked about how helpful it had been. This caller was experiencing infant settling difficulties and was referred to Tweddle Child and Family Health Service, an early parenting service in her area. Word-of-mouth is likely to be an important means of dissemination for programs such as *WWWT*.

A further outcome of the Pilot has been that several families who had participated in the Pilot *WWWT* have attended the "Little Steps" program in Monash City, which provides a day service for parents experiencing infant sleep, settling and feeding problems. This suggests a need for families to have on-going access to care which is informed by *WWWT* principles. One mother was also seeking a community of women in similar circumstances, which demonstrates the value to new parents of social connections that programs of this kind, especially if provided on an ongoing basis, provide.

### **2.7 Reporting**

A report of the Pilot was presented to the Monash Local Planning Network on Wednesday 23<sup>rd</sup> November by Chris Thompson, General Manager – Programs, *bestchance* Child Family Care.

### 3 Outcomes and Conclusions

This Pilot program has demonstrated a successful cross-sectoral partnership between service provider, local government and academic organisations. Abundant good will and professionalism was demonstrated by all parties involved in the partnership. The governance and communication was meticulously organised and smoothly implemented.

A most important outcome was the finding that it is possible to implement the *WWWT* program in local community services. The co-operation of the three sectors represented in the partnership, for training and supervision of facilitators, for provision of staff and venue resources and for advertising and recruitment of participants, was crucial to the success of the Pilot.

The Pilot has enabled the key ingredients of success and the needs for further refinement to be identified. For example, the Pilot identified the need and provided the opportunity to refine participant recruitment strategies, to identify needs for specific additional facilitator training, and to recognize relevant factors which are essential in any endeavour to scale up the program in primary care settings.

The Pilot has created a platform for future collaborations: with *bestchance* to understand the needs of specific CALD communities and how best to adapt the *WWWT* program to suit their requirements, and with the City of Monash for potential implementation of the *WWWT* program into MCH services.

## **Funding and acknowledgements**

We are grateful to Mr Christopher Foley-Jones for facilitating the partnership and securing funding from the Inner East Primary Care Partnership; Ms Christine Thompson, Manager, Bestchance Child Family Care for her interest and determination to make the *WWWT* program available to parents in the City of Monash and for generously providing bestchance staff and resources; Ms Karon Oldfield, Manager, Maternal and Child Health at Monash City Council for assisting with advertising and providing her staff with the opportunity to participate in *WWWT* training, program delivery and supervision; Ms Geraldine Ryan for collecting data about participant attendance and satisfaction and to all staff who attended training, facilitated the intervention and participated in feedback and discussion. We are grateful to everyone involved for their enthusiasm and commitment to the success of the Pilot.

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