Support for Faculty Scholars Award (SFSA)
Application Form

Applications must be submitted to the OVPR by 5:00 p.m. on the published application deadline. Refer to the SFSA guidelines, available on the OVPR website, for information regarding eligibility, allowable expenses, and other submission details. Applicants must complete each item on this application form. Completed applications are limited to a maximum of 1500 words on 3 pages or less, including any figures, tables, and the budget information. Applications greater than 3 pages will be returned without review. All applications must be signed by the faculty member and the department chair.

Name                    Amy Damashek, Ph.D.                   Date                   9/30/2015                   

Department              Clinical Psychology                          College of Arts and Sciences

Email                    amy.damashek@wmich.edu                       Phone # (269) 387-4920

Faculty rank             Associate

Title of proposed work   "Evaluation of a Computer-Based Depression Treatment for Pregnant and Postpartum Women"

Amount requested        Two Thousand Dollars ($2,000)

Date and title of any previous SFSA or FRACAA project           not applicable

1. Provide an abstract/succinct summary of the proposal (50 words or less):

   Depression during pregnancy and the postpartum period is common (13-15%) and can have deleterious effects on infants and children. Thus, effective and accessible psychosocial treatment alternatives are needed. This study will examine the efficacy of a computer-based treatment for depressed pregnant and postpartum women in a hospital-based obstetric clinic.

   Application narrative: Items 2 – 6 cannot exceed 1,500 words on 3 pages or less
2. Describe your proposed work (e.g., objectives or goals, activities, timeline, outcomes, products, or other relevant information), including the connection, if one exists, with any previous NSF or FRACAA project.

We will pilot test the efficacy of a computer-based treatment for depression with perinatal (i.e., pregnant and postpartum) women. The treatment has been previously found to be effective with a general adult population but has not been tested with low-income perinatal women. We will recruit 20 depressed pregnant or postpartum women from an obstetric clinic (Bronson Women Services), at Bronson Hospital in Kalamazoo that serves primarily low income women.

The computer-based intervention, entitled, “Building a Meaningful Life Through Behavioral Activation” (BAML), is an interactive software program that delivers content to the participant via interactive videos and text. Videos of therapists are used to guide individuals through the program, and actors are featured in examples of depressed adults. A narrator is featured at the open and close of each session to introduce and summarize treatment content, and participants must answer questions and provide information about their symptoms each week.

The program uses an evidence-based intervention, called Behavior Activation, which focuses on helping participants identify their values and to engage in activities that are consistent with those values. The first five sessions of the intervention provide information about behavioral activation and depression, assist participants in clarifying their values, and help to facilitate values-consistent behavior by assigning participants activities to complete that are consistent with their goals. The remaining three to five sessions of the intervention focus on specific skills learning, such as how to manage anger. These mini-lessons are presented based on information the patient gives about themselves during session 5 (Spates, Kalata, Ozeki, Stanton, & Peters, 2013). Participants will attend eight weekly sessions of treatment at Bronson Women’s Services (BWS). Each client’s progress through the treatment sessions will be monitored by a trained graduate student therapist.

Participants will include any woman who is seen as a patient at BWS who is pregnant or up to one year postpartum, who is fluent in English, and who screens positive for elevated symptoms of depression. Women are routinely screened for depression at BWS, and those who screen positive will be provided with information about the opportunity to participate in our study. They will be notified that participation is optional and will be provided with other treatment options as well. At pretest and at each treatment session, participants’ depressive symptoms will be assessed using the PHQ-9, a 9-item measure of depressive symptoms that is frequently used in medical settings (Spitzer, Kroenke, & Williams, 1999). Participants will also complete a measure of perceived quality of life (Quality of Life Scale; Flanagan, 1978) at pre-test and post-test. At post-treatment only, mothers will complete a measure of treatment satisfaction (Client Satisfaction Questionnaire, Spates et al., in press). Finally, 3 months after participants finish treatment, they will be contacted via telephone to complete the PHQ-9 and the Quality of Life Scale over the phone. We hypothesize that depression scores will decrease to non-clinical levels from pre to post treatment and that quality of life scores will significantly increase from pre to post-treatment. We will use hierarchical linear modeling to examine changes.

3. Describe how the proposed work will make (a) a significant and (b) original contribution to the discipline.

Depression occurs in approximately 13-15% of pregnant and postpartum women overall, and is twice as common in low-income women (Rich-Edwards et al., 2006).
Depression can significantly interfere with women’s ability to participate in appropriate prenatal or infant care. Research on the effects of depression among pregnant women has found that infants born to depressed mothers are more likely to: be born preterm, weigh less at birth, show signs of stress behavior and fussiness, and to have later behavior problems than infants who are born to non-depressed mothers (Dayan et al., 2006; Diego et al., 2005; Diego et al., 2009; Field et al., 2004, 2008; Nulman et al., 2012; Rahman et al., 2004). Moreover, research regarding postpartum depression has found that depressed mothers of infants engage in more negative parenting behaviors and fewer positive behaviors, and effects are stronger for economically disadvantaged mothers (Lovejoy, Gracz, O’Hare, & Neuman, 2000). Given these early and significant impacts on child development, effective and accessible treatment is sorely needed for depressed perinatal women.

Accessible psychosocial treatment is especially important for pregnant and postpartum mothers. Research suggests that only 38% of pregnant and postpartum women who are referred to outpatient mental health providers by their physicians follow up on referrals; therefore, the majority of these women do not receive services (Smith et al., 2009). Other research has found that provision of mental health services to postpartum women in a primary care setting versus a mental health clinic resulted in greater reduction in symptoms (Yawn, 2012). Thus, delivery of an intervention where women already receive obstetric care would increase the likelihood that these women would be able to benefit from services. Providing mental health treatment in medical settings also often reduces stigma that can be associated with attending appointments in a mental health provider’s office.

Computer-based psychosocial treatments are emerging as an effective means of providing accessible psychological treatment. Such interventions can be used in locations in which resources do not allow for enough on-site providers to meet the psychosocial needs of clients. Such computer-based treatments might be an excellent resource for depressed pregnant and postpartum mothers who make frequent visits to the doctor’s office. A recent meta-analysis of the outcomes of computer-based treatment of depression indicated that such treatments are effective and accepted across diverse populations, including both young and older adults with varying levels of depression, as well as those with comorbid health problems (Richards & Richardson, 2012).

Spates, Kalata, Ozeki, Stanton, & Peters (2013) recently developed and tested a computer-based behavioral activation treatment for general adult depression and found that the intervention significantly reduced symptoms of depression. However, this treatment has not been tested specifically with perinatal women. Thus, the present study will build on prior evidence of the efficacy of this intervention to examine the treatment’s efficacy for treating depressed pregnant and postpartum women in an obstetric clinic. If the intervention is found to be effective, it holds promise for providing accessible and effective treatment for perinatal women who are in need. Provision of these services is likely to also significantly improve the well-being of their infants and young children.

4. Describe the mechanism for dissemination.

We will disseminate findings from this study through presentations at professional conferences and publication in an academic journal. Moreover, we will use data from this pilot study to apply for funding for a larger study.

5. Describe how the proposed work will enhance your reputation and that of WMU.
Completion of this study will assist Dr. Damashek in furthering an important line of research and will provide pilot data for applying for a larger grant. The study will also enhance the connection between WMU and the Kalamazoo Community by providing a needed resource for at-risk women in the community. The collaboration with a valued women’s healthcare system in Kalamazoo, Bronson Women Services (BWS), allows WMU to be associated with the BWS mission of providing high quality care to women in southwest Michigan by providing free services for pregnant and postpartum women with depression.

6. Provide an itemized budget and budget justification. A proposed budget greater than the allowed maximum amount of $2,000 will disqualify the proposal. Such a proposal will not be reviewed. Fully justify why the budgeted expense is necessary for the project.

The funding for this project will be used to provide incentives for women to participate. Women will be provided with a $10 gift card for the initial assessment session, each treatment session (up to 8 sessions), and one follow-up data collection phone call. Women will have the opportunity to earn up to ten $10 gift cards, for a total of $100 in gift cards per participant. These incentives are important to the success of the study because BWS serves a large portion of low-income women who have many competing demands on their time and resources. The gift cards will help to offset any burden to mothers associated with paying for transportation or childcare and will also help to motivate the mothers to attend the treatment sessions.

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<th>Item</th>
<th>Amount Requested</th>
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<td>$10 Meijer gift card</td>
<td>1 gift card x 10 opportunities = $100 per participant for 20 participants = $2,000.</td>
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Faculty member signature:________________________

Acknowledgement of Department Chair:

× The department chair acknowledges submission of the SFSA application.

X The department chair acknowledges the proposed expenses are reasonable and necessary.

Chair’s signature:________________________________Date: 9-30-2015

For OVPR use only:

Faculty member completed previous reporting requirements: Yes ___ No ___

Funding decision: Funded _____ Not funded: _____

Date received: SEP 30 2015