

A stylized icon on the left side of the slide. It features a large, dark blue silhouette of a person's head and shoulders, facing right. Inside the blue shape, there is a smaller, orange silhouette of a child, also facing right, appearing to be held or embraced by the larger figure.

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center

PATERNAL MENTAL HEALTH: SUPPORTING FATHERS AND NON-BIRTHING PARENTS IN THE PERINATAL PERIOD

- Presented by Paige Bellenbaum
- LCSW, PMH-C
- Perinatal Mental Health Specialist

Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research.

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social -emotional needs of young children and their families.



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Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you



PAIGE BELLENBAUM, LCSW, PMH-C

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- Former Founding Director of The Motherhood Center of New York
- Perinatal Mental Health Quality Improvement for Federal/State/City Agencies
- Perinatal Mental Health Education/Training, program development and implementation for non-profits, hospitals, healthcare providers
- Adjunct Professor, Silberman School of Social Work, Hunter College
- Advanced Perinatal Psychotherapy Trainer, Postpartum Support International



LEARNING OBJECTIVES

- Obtain an understanding of the key psychosocial factors that impact new and expecting fathers/partners
- Recognize the signs and symptoms of paternal mental health conditions in the perinatal period
- Recognize the important role of paternal involvement in influencing child outcomes and the broader family unit
- Identify the unique challenges and barriers fathers/partners face when seeking support
- Learn tools and strategies to engage fathers and partners before birth and throughout the postpartum period



THANK YOU.

To the pioneering clinicians and researchers that have brought paternal mental health to the forefront. These include:

Dr. Daniel Singley – CME and Founder of the Center for Men's Excellence



Dr. Sheehan Fisher – Associate Professor, Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine

Dr. David Levine, FAAP – General Pediatrician, Head of Ambulatory Pediatrics, Atlantic Health System, Vice Chair of the Board, Postpartum Support International.



WHAT ARE PMADS?

PMADs, or perinatal mood and anxiety disorders, are a group of illnesses that **affect both mothers/birthing people and fathers/non-birthing people** during pregnancy and the postpartum period. PMADs cause emotional and physical problems that can make it hard for parents to function adequately (i.e., care for themselves, babies, and family).

PMADS INCLUDE:

- **Perinatal Depression**
- **Perinatal Anxiety**
- **Perinatal Obsessive Compulsive Disorder**
- **Perinatal Post Traumatic Stress Disorder**
- **Postpartum Psychosis**

*For fathers, we have very limited data on conditions other than depression and anxiety

WE KNOW THAT FOR MOTHERS/BIRTHING PEOPLE:

- **1 in 5** experience a PMAD
- **75%** of all cases go undiagnosed and untreated
- **50%** of all cases develop during pregnancy
- **#1** complication associated with childbirth
- **PMADs** are the leading cause of Maternal Death in the U.S.

WE KNOW THAT FOR FATHERS:

- On average, **10%** of fathers will experience depression and **18%** will experience anxiety during pregnancy or the first year following pregnancy (MMHLA)
- Depression and anxiety are **TWICE** as common in expecting and new fathers as compared with global estimates in men. (MMHLA)
- The peak onset of depression in fathers is **3 – 6 months** following the birth of a baby*

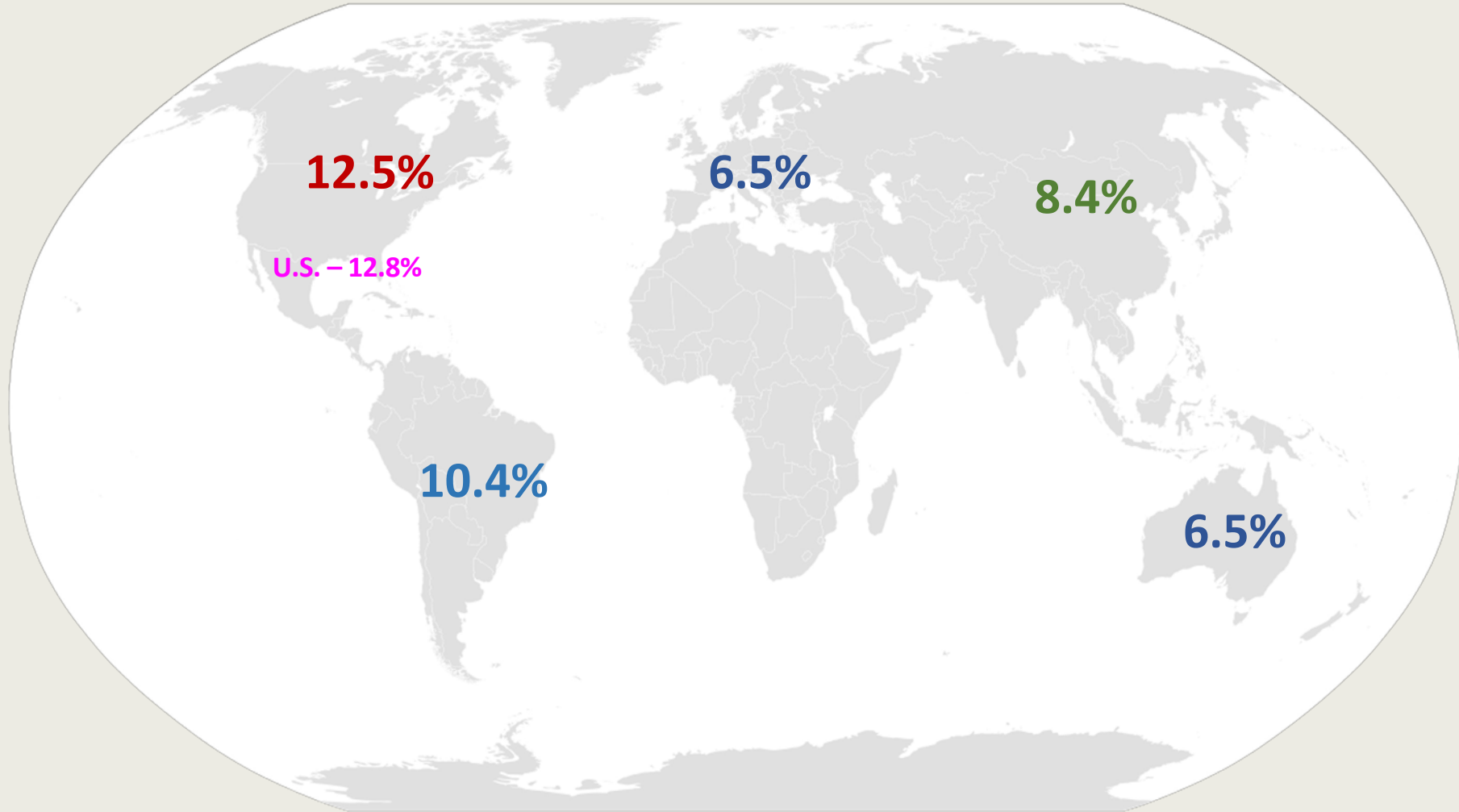
*A meta-analysis by Paulson and Bazemore (2010) reported pooled prevalence rates of postpartum depression in men of 8% from birth to three months, 26% from three to six months, and 9% from six to twelve months.

WE ALSO KNOW THAT:

- A new or expecting mother/birthing person experiencing a PMAD is the **greatest risk factor** for a father/non-birthing parent to experience a PMAD
- We know that **50 percent of men** whose partner has/had postpartum depression, have an increased risk of postpartum depression themselves
- Only **3.2% of new fathers** seek out mental health services

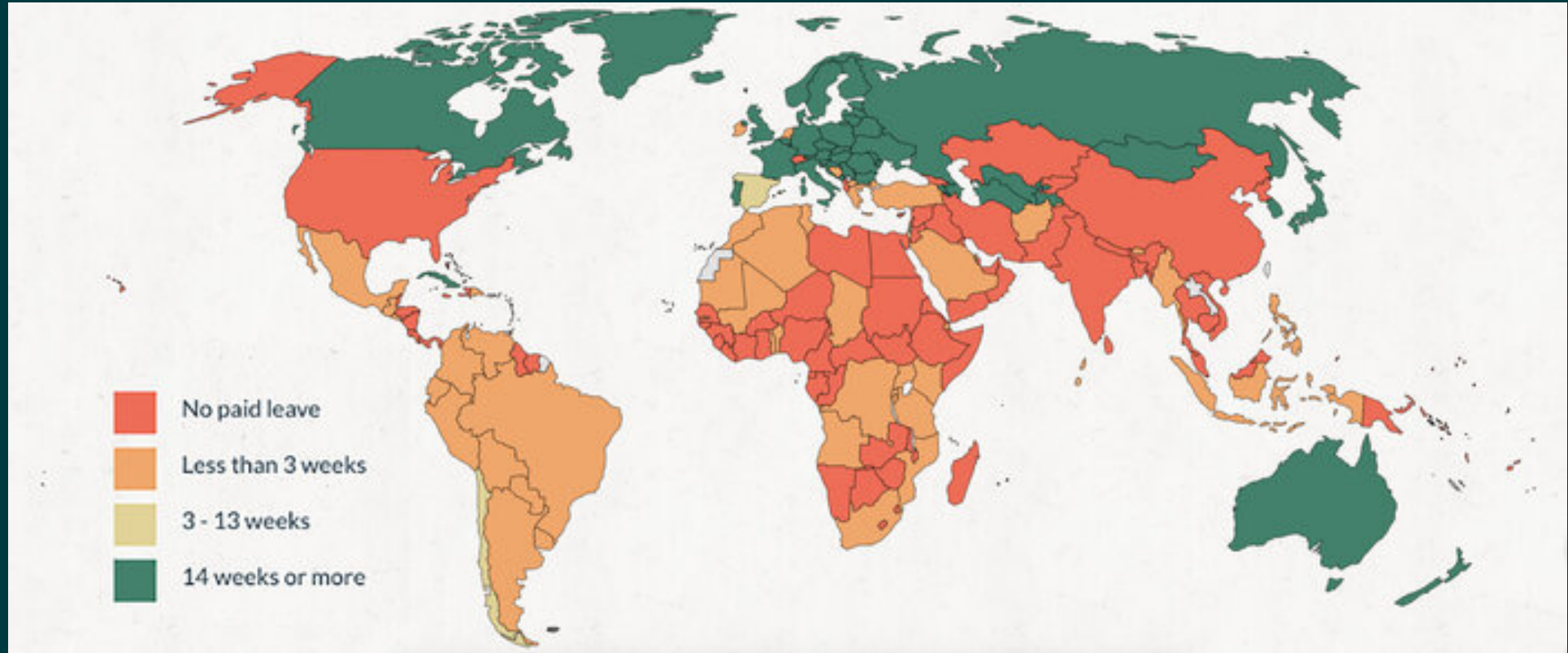
PREVELANCE RATES OF PATERNAL DEPRESSION

(Cameron et al., 2016)



74 international studies (20 in the US)

International Paternity Leave Policy



LIMITED RESEARCH



- There is very limited data on the prevalence rate of paternal depression **based on race and ethnicity.**
- Traditional mental health research has a **heteronormative perspective.**
- There is very little data on the rates of PMADs for the **non-birthing parent in same sex couples.**
- **There is very limited research available on LGBTQ+ families** overall and mental health, most has been conducted on moderate income, cisgendered couples.

WAIT A MINUTE, ISN'T POSTPARTUM DEPRESSION A WOMAN/BIRTHING PERSON'S ISSUE?

- **It's 100% true** that men/non-birthing parents do not experience the same mental and physical strain of pregnancy, childbirth, nursing, and the postpartum period as women/birthing people
- **It's a fact** that our country does not prioritize the needs of new and expecting mothers/birthing people through policy, services, healthcare, mandatory paid family leave, and so much more
- But including and supporting dads doesn't have to mean you are against moms – **it HELPS mothers/birthing people and families**

NEW YORK TIMES

OCTOBER 17, 2017

“This makes me angry. Men have no claim to postpartum depression.....Once men figure out how to gestate, give birth and nurse, THEN they can claim post-partum depression. What a bunch of snowflakes.

Geez... I do acknowledge that both parents are sleep-deprived & stressed but this is nothing close (mentally or physically) to post-partum blues.

There’s no doubt which sex is the toughest, men really couldn’t handle motherhood.”

Can Fathers Have Postpartum Depression?



iStock

By Douglas Quenqua

QUESTIONS

- How might this perspective hinder fathers/partners from coming forward and talking about their mental health?
- How do we start to change the conversation to make room for a father/partner's mental health experience?

INTEGRATING THE DIALECTIC

- The “**dialectic**” as many of us are aware, signifies the ability to recognize and integrate seemingly opposing ideas or truths – simultaneously.
- Instead of **either/or thinking**, a **both/and approach** embraces complexity and acknowledges that two contradictory ideas can both be valid at the same time.
- Therefore, **a new or expecting birthing person and/or their partner can struggle at the same time – both can be true.**

MODERN DAY FATHERHOOD

SOCIETAL EXPECTATIONS OF FATHERHOOD

Antiquated Fatherhood

- The role of fathers was primarily to earn and provide
- Little interaction with children 0 – 5
- Vulnerability is a sign of weakness



Modern Day Fatherhood

- Being more engaged and involved
- Participating more in daily caregiving and emotional nurturing
- Playing central roles in decision-making and discipline
- Being more vulnerable
- There are not a lot of models for modern fatherhood
- Gender role conflict – how they were raised vs how they think they should be
- My dad worked all the time and was rarely home, but society is telling me to be more involved at home with the baby (children).
- Questioning - how do I work full time and show up for my family as an equally involved parent and have time for myself?

WHY IS A FATHER'S INVOLVEMENT SO IMPORTANT?

Beginning as early as during pregnancy and especially within the first year of a child's life, having a highly involved and attuned father has been shown to predict a number of very positive outcomes for their children, the child's mother, and even the father himself.

Child Outcomes:

- Higher IQ, school readiness, social skills, emotional regulation, and empathy
- Increased attachment, emotional security, social competence and independence

Paternal Outcomes:

- Fewer mental health issues
- Increased confidence, parenting satisfaction, relationship satisfaction

Maternal Outcomes:

- Fewer mental health issues
- Increased responsiveness, confidence, and affection



PATERNAL MENTAL HEALTH

VIDEO

ATTN: DADS GET PPD TOO

[Watch Now](#)

New dads can get
postpartum depression, too.

attn:



COURTESY OF PEEJAY BODOY
“CAN FATHERS HAVE POSTPARTUM DEPRESSION?” THE NEW YORK TIMES (2017)

1 IN 10 MEN SUFFER FROM IT



2.1K

PATERNAL MENTAL HEALTH CONTRIBUTING FACTORS

Fathers experiencing anxiety or depression often cite “STRESS” as a major contributing factor due to:



- Increased financial responsibilities – must provide for family
- Balancing work-life
- Having a new baby in the home
- Adjusting to changes in sleep and household routines
- Adapting to new and demanding tasks and roles
- Stigma – fathers must be strong, the bedrock of the family

PATERNAL MENTAL HEALTH CONTRIBUTING FACTORS

- Stress can increase the level of cortisol in the body, which can contribute to or exacerbate symptoms of irritability and/or depression.
- Fathers experiencing anxiety and depression often say that they felt **invisible or unnecessary during pregnancy, birth and the postpartum period**, and that this experience contributed to them backing off even more from their partner and the baby. This can cause more resentment from mom/birthing person that can begin a unhealth cycle in the relationship. (*Maternal Gatekeeping*)
- At the same time, many men feel they **can't express vulnerability**, which can increase isolation and mental health risks.



PATERNAL HORMONAL CHANGES

Studies show that during pregnancy, and after the baby is born, fathers experience changes in their hormone levels:

- Decrease in testosterone
- Increase in cortisol
- Increase in estrogen (estradiol)
- Increase in vasopressin
- Increase in prolactin/oxytocin

PATERNAL MENTAL HEALTH RISK FACTORS

- Personal or family history of depression or other mental illness
- Trauma history (sexual abuse, physical abuse)
- Hx of addiction (familial or personal)
- Poverty
- Lack of social supports and networks
- Issues or concerns about the baby
 - Unwanted / unintended pregnancy
 - Low birth weight, premature birth, infant in NICU
 - Difficulties in bonding with the baby
 - Feeling excluded from mother-infant bonding

PATERNAL MENTAL HEALTH RISK FACTORS

- Lack of paternity leave
- Reduced interparental relationship satisfaction and increased conflict (limited opportunities for connection)
- Prenatal expectations vs postpartum experiences
- Pressure to do things “better” than one’s parents
- Anxiety about repeating negative cycles
 - My own father was abusive, SUD, unfaithful, etc.)
- Issues or concerns about the partner / spouse
 - Maternal depression
 - Complications during pregnancy and/or delivery, including traumatic birth or unexpected C-section
 - Relationship conflict, such as dissatisfaction, disharmony, criticism, and communication difficulties

CULTURAL CONSIDERATIONS: RACE/ETHNICITY

Macro Stressors

- BIPOC fathers may experience unique, race-based stressors
- Health, healthcare access and resource disparity
- Stigma of mental health and hx of mental health/medical system
- Bias that black fathers are not involved in the home – CDC found that black fathers are the most involved of all fathers in the US

ADDITIONAL STRESSORS FOR LGBTQ NON-BIRTHING PARENTS

- Severe discrimination from the medical and parenting community
- Misidentification as “not the parent”
- Adoption requirements for non-biological parents
- Policy and political discrimination
- Exclusion from bathrooms / changing rooms
- Physical safety dangers
- Lack of acceptance from own racial/ethnic communities
- Higher risk of estrangement and social isolation from family
- Higher aces scores
- Limited support for LGBTQ non-birthing parents

FATHERS EXPERIENCING DEPRESSION MAY FEEL

Invisible

Unnecessary

Overwhelmed

Inadequate

Forgotten

Confused

Excluded

Trapped

Resentful

Helpless



DEPRESSION IN MEN

- Men are less likely to express sadness, tearfulness, or openly report feeling depressed leading to underreported symptoms
- Clinician bias in reporting and diagnosing depression
- Men are less likely to seek psychiatric treatment
- More externalizing symptoms - less emotional internalizing symptoms

SIGNS AND SYMPTOMS OF DEPRESSION

- Loss of interest in hobbies and regular activities
- Changes in sleep, weight, and appetite
- Consistently low energy and fatigue
- Anger
- Irritability
- Criticizing
- Violent or aggressive behavior
- Feeling easily stressed or frustrated
- Exhibiting low impulse control
- Risk-taking behaviors including substance and alcohol use
- Hypersexuality
- Distancing: “Checking Out;” increased self-isolation
- Physical symptoms - headaches and stomach aches
- Withdrawing socially / antisocial behavior
- Feeling unmotivated
- Feeling of being burned out and empty
- Restlessness, dissatisfaction
- Difficulty making decisions, concentrating
- Focusing more on work or other distractions
 - A tendency to stay at work longer hours

POSTPARTUM DEPRESSION FOR FATHERS



SYMPTOMS OF ANXIETY

Systematic review of 34 studies with expectant fathers of infants (0-1) found prevalence rates for an anxiety disorder ranged between:

- 3.4% - 25.0% during the prenatal period
- 2.4% - 51.0% during the postnatal period

- Excessive worry
- Feeling stressed and nervous
- Panic attacks
- Irritability and anger
- Racing thoughts
- Trouble concentrating
- Obsessive / intrusive thoughts
- Sleep disturbance
- Appetite changes
- Physical symptoms including headaches and muscle aches

CONTRIBUTING FACTORS TO PATERNAL ANXIETY

There are several factors that contribute to anxiety in fathers in the perinatal period including:

- Negative feelings about the pregnancy
- Fear of childbirth
- Feelings of incompetence related to infant care
- Lower education levels, lower income levels
- Lower social support
- Work-family conflict



CASE EXAMPLE

Reggie was raised by his father as his mother was an alcoholic and had left home when he was a baby. His father was very strict and showed little emotion. He worked as a train operator for the MTA and was away from home for long hours. He never exhibited any signs of weakness to Reggie and frequently told him to “man-up” or to stop acting like a “sissy” if Reggie was ever sad or cried as a child. These words echoed in Reggie’s mind as he grew up and he learned to keep everything he was feeling to himself. Reggie’s father had very high expectations for his son, but no matter how hard he tried, Reggie felt as though he could never aspire to his father’s hopes and dreams.

As a teenager, Reggie experienced depression for the first time, but he never told anyone because he didn’t want to be labeled as “weak” or “crazy”. At the age of 47, Reggie became the father of twins, and his depression reoccurred shortly after they were born. Reggie felt again like he couldn’t tell anyone due to shame and fear of disgracing his family. He felt weak and like a bad father to his twins. He became increasingly angry and irritable with his partner, appeared detached and withdrawn, and stopped helping her care for the babies. He was unmotivated at work and had a hard time focusing and concentrating. Several nights a week he sat on a park bench near his house after work, avoiding the sense of dread and failure he felt when he walked in the door. He often thinks about packing a bag and leaving in the middle of the night, certain his family would be better off without him, but then remembers what it felt like growing up without a mother.

Reggie realizes he is feeling depressed, but is afraid that if he gets medical help it will go on his work record, and he will never get another job and lose all his friends. He fears he will be discriminated against if he were to tell anyone in his community.

QUESTIONS

- What are some of Reggie's risk factors?
- What role does stigma play in Reggie's situation?
- What kind of messaging did Reggie receive growing up about being a "man"?
- What can depressive symptoms in father's be mistaken for?
- What do you think Reggie would benefit from to improve his mental health?
- What strategies could be employed to assist in overcoming barriers to mental health care for fathers like Reggie?

ADVERSE IMPACTS OF UNTREATED ILLNESS

Paternal depression is associated with increased negative parenting (e.g., psychological control, hostility, intrusiveness) and decreased positive parenting behaviors (e.g., affection, positive involvement, supportiveness).

- Less than 50% report consistently reading to their 1-year-old children
- Father's speech and language interactions with infants have been positively associated with language development, and paternal depression has been shown to adversely impact this process
- Paternal depressive symptoms have been longitudinally associated with harsh discipline practices - depressed fathers are nearly 4 times more likely to report spanking

ADVERSE IMPACTS OF UNTREATED ILLNESS ON CHILDREN

- Increased crying and hyperactivity
- Higher rates of Neurodevelopmental disorders
- Increased rates of ADHD, ODD, CD
- Behavioral and peer relationship problems
- Increased aggression
- Speech and language impairment
- Delays in behavioral, emotional and social development
- Higher rates of psychiatric disorders



SCREENING

- Edinburgh Postnatal Depression Scale (EPDS)
 - has been validated to detect depression in fathers but with a lower score than for mothers
- EPDS – P
 - Mothers report on the father's depression
 - If father scores high according to mother – father is also screened
- Paternal Involvement with Infants Scale (PIWIS) [https://www.earlychildhoodmentalhealth-sandiego.com/wp-content/uploads/2016/09/A-4-Handout -D-Singley PIWIS-35-w-scoring-instructions.pdf](https://www.earlychildhoodmentalhealth-sandiego.com/wp-content/uploads/2016/09/A-4-Handout-D-Singley-PIWIS-35-w-scoring-instructions.pdf)
 - 35-item self reported instrument developed by Singley et al.
 - Includes five subscales: warmth and attunement, control and process, responsibility, frustration, indirect care and positive engagement.
- PHQ-2 and 9
- Paternal Pregnancy-Related Anxiety Scale (PPrAS) https://www.researchgate.net/publication/390480781_Development_of_the_paternal_pregnancy-related_anxiety_scale_PPrAS_using_Rasch_analysis_with_Australian_and_USA_samples_of_expectant_fathers
 - 33-item scale
 - Provides a comprehensive measure of anxiety for expectant fathers, covering a range of pregnancy-related concerns
- GAD-7

PIWIS (Paternal Involvement with Infant Scale)

Paternal Involvement with Infant Scale (PIWIS)

Name: _____

Date: _____

Demographic Information

Your baby's age: _____

Sex of your baby: Male _____ Female _____

How much of the total cost of your baby's care (including home, food, health care, clothes, etc) do you provide?

0% 1-20% 21-40% 41-60% 61-80% 80-99% 100%

1 2 3 4 5 6 7

How much of the total cost of your baby's care (including home, food, health care, clothes, etc) does your partner provide?

0% 1-20% 21-40% 41-60% 61-80% 80-99% 100%

1 2 3 4 5 6 7

What percentage of the total household expenses (including care of the baby) do you provide?

0% 1-20% 21-40% 41-60% 61-80% 80-99% 100%

1 2 3 4 5 6 7

Please rate the overall degree of difficulty your baby would present for the average parent to raise:

Not At All Not Very About Somewhat Very
Difficult Difficult Average Difficult Difficult

1 2 3 4 5

Please turn the page to continue

Paternal Involvement with Infant Scale (PIWIS)

Instructions

Please rate how often you take part in the following aspects of parenting.

Not At All	Rarely	Once or Twice A Month	A Few Times A Month	A Few Times A Week	About Once A Day	More Than Once A Day
1	2	3	4	5	6	7
Response						
1. Talking to your baby						1 2 3 4 5 6 7
2. Hugging your baby						1 2 3 4 5 6 7
3. Feeling that your involvement with your baby is important						1 2 3 4 5 6 7
4. Missing your baby when you are not with her/him						1 2 3 4 5 6 7
5. Soothing your baby when s/he is crying						1 2 3 4 5 6 7
6. Interactive playing with your baby (e.g., using stuffed animals or other toys)						1 2 3 4 5 6 7
7. Kissing your baby						1 2 3 4 5 6 7
8. Responding to your baby's facial expressions so that s/he can see your response						1 2 3 4 5 6 7
9. Feeling close to your baby						1 2 3 4 5 6 7
10. Laughing with your baby						1 2 3 4 5 6 7
11. Smiling at your baby						1 2 3 4 5 6 7
12. Choosing play activities for your baby						1 2 3 4 5 6 7
13. Determining when to feed your baby						1 2 3 4 5 6 7
14. Determining what media (TV, DVD's, music) is appropriate for your baby						1 2 3 4 5 6 7
15. Setting your baby's general schedule/activities						1 2 3 4 5 6 7
16. Knowing what foods (milk, formula, soft food) to give your baby and how much s/he eats						1 2 3 4 5 6 7
17. Determining which toys/play objects are appropriate for baby						1 2 3 4 5 6 7

PIWIS (Paternal Involvement with Infant Scale)

Paternal Involvement with Infant Scale (PIWIS)

Not At All	Rarely	Once or Twice A Month	A Few Times A Month	A Few Times A Week	About Once A Day	More Than Once A Day
1	2	3	4	5	6	7
18. Anticipating specific ways (monitoring health, availability of clothes, have proper amount/type of food, etc.) to assure that your baby's needs will be taken care of						1 2 3 4 5 6 7
19. Discuss the division of parenting responsibilities with your partner						1 2 3 4 5 6 7
20. Making decisions regarding your baby's well-being						1 2 3 4 5 6 7
21. Feeling jealous of your partner's connection with your baby						1 2 3 4 5 6 7
22. Giving your baby to your partner or other caregiver when your baby is crying						1 2 3 4 5 6 7
23. Feeling resentful of your baby due to increased responsibilities						1 2 3 4 5 6 7
24. Feeling frustrated when caring for your baby						1 2 3 4 5 6 7
25. Taking your baby to/picking up from child care						1 2 3 4 5 6 7
26. Taking your baby to medical appointments						1 2 3 4 5 6 7
27. Arranging for child care (e.g., babysitter, day care)						1 2 3 4 5 6 7
28. Bathing your baby						1 2 3 4 5 6 7
29. Changing your baby's diaper						1 2 3 4 5 6 7
30. Reading to/with your baby						1 2 3 4 5 6 7
31. Swaddling your baby						1 2 3 4 5 6 7
32. Burping your baby						1 2 3 4 5 6 7
33. Putting your baby down for nap/sleep						1 2 3 4 5 6 7
34. Waking up during the night to take care of your baby						1 2 3 4 5 6 7
35. Feeding your baby						1 2 3 4 5 6 7

Paternal Involvement with Infant Scale (PIWIS)

Scoring Instructions

The PIWIS instrument assesses five key aspects of fathers' involvement with their babies. Higher mean scores on each subscale reflects a higher level of involvement.

Warmth and Attunement Subscale – Items 1 – 11

Sum the item responses and divide by 11.

Control and Process Responsibility – Items 12-20

Sum the item responses and divide by 9.

Frustrations – Items 21-24

Reverse-score these items and divide by 4.

Indirect Care – Items 25-27

Sum the item responses and divide by 3.

Positive Engagement – Items 28-35

Sum the item responses and divide by 8.

Please direct questions regarding the use of this scale to Daniel Singley, Ph.D. at singley@menexcel.com.

Paternal Pregnancy-Related Anxiety Scale (PPrAS)

33-Item Partner's Pregnancy-related Anxiety Scale (PPrAS)

- 1 I'm afraid of complications happening during childbirth
- 2 I am concerned about my partner requiring an emergency caesarean
- 3 I worry about my baby being harmed during childbirth
- 4 I fear that my partner may die in childbirth
- 5 I am concerned about not being able to help my partner in childbirth
- 6 I am afraid because I cannot control what will happen in childbirth
- 7 I do not feel prepared for childbirth
- 8 I am afraid that my baby will not be healthy
- 9 I am afraid that my child will have a genetic problem
- 10 I'm afraid of having a baby with a disability
- 11 I constantly worry about my partner having a miscarriage
- 12 I am not looking forward to this baby
- 13 I felt unprepared for this pregnancy
- 14 I worry that my partner might experience pregnancy complications
- 15 I worry about my partner having postnatal depression after the birth
- 16 I worry about my ability to emotionally support my partner
- 17 I am concerned about whether I am doing enough to support my partner
- 18 I'm afraid that our relationship will never go back to the way it was
- 19 I am concerned that my partner and I won't have time for each other once the baby is born
- 20 I worry about changes to our sexual relationship during pregnancy
- 21 I am worried that I will no longer feel attracted to my partner because of changes to their body
- 22 My worries sometimes overwhelm me
- 23 My fears and concerns interfere with my daily activities
- 24 My concerns are keeping me awake at night
- 25 I worry about experiencing a loss of independence
- 26 I feel unprepared for parenthood
- 27 I'm afraid I don't have the ability to be a good parent
- 28 I am afraid that I will find it hard to love the baby
- 29 I do not feel supported by the health care professionals
- 30 I'm afraid that my partner will not receive good care from the health care professionals
- 31 I worry about the loss of my partner's income
- 32 I worry about being responsible to financially support the family
- 33 I am worried about balancing my work responsibilities with family commitments

TREATMENT AND SUPPORT INTERVENTIONS THAT WORK

- Psychoeducation
- Support groups for dads
- Fatherhood engagement programs
- Community resources
- Cognitive Behavioral Therapy (CBT)
- Internal Family Systems (IFS)
- Interpersonal Therapy (IPT)
- Acceptance Commitment Therapy (ACT)
- Mindfulness
- Dialectical Behavior Therapy (DBT)
- Medication



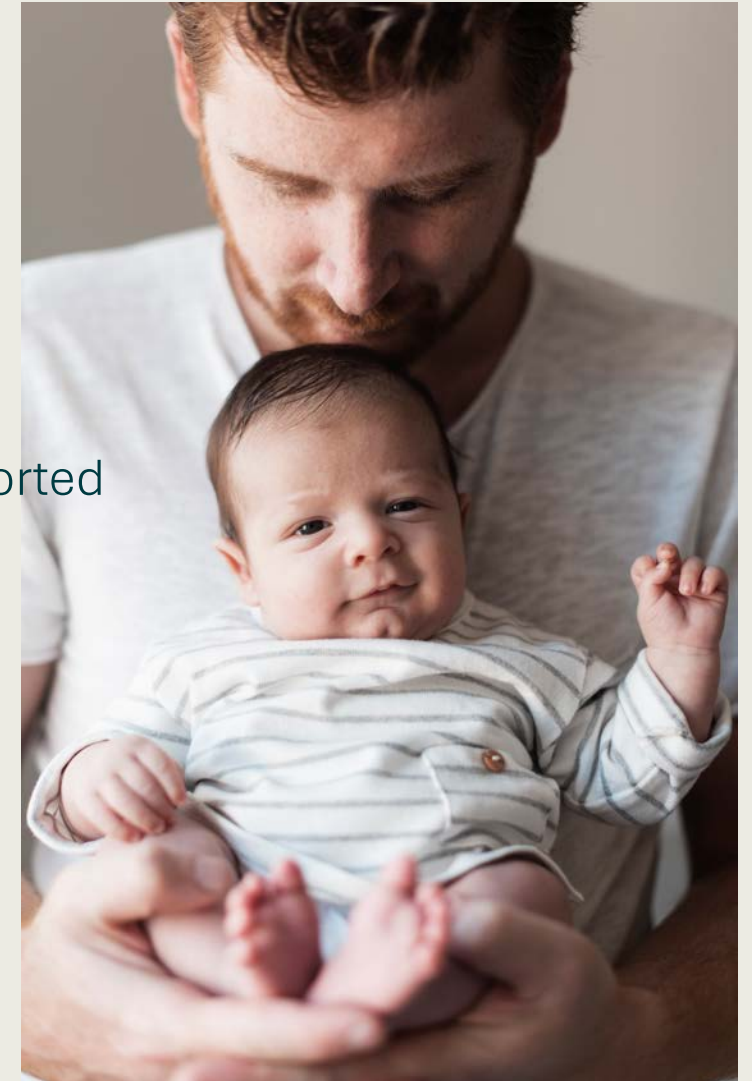
SKILLS AND TOOLS FOR NEW DADS

In 2006, the Department of Health and Human Services, Administration of Children, Youth, and Families developed a report titled *The Importance of Fathers in the Healthy Development of Children*. The authors determined that the most important roles and behaviors which fathers of young children can enact are:

- Fostering a positive relationship with child's mother
- Spending time with child
- Nurturing the child
- Disciplining appropriately
- Serving as a guide to the outside world
- Protecting and providing
- Being a role model

SKILLS AND TOOLS FOR NEW DADS

- You can do everything mom can do except nurse the baby
- Learn about the child's development
- Weekly state of the union meeting with mom (Gottman)
 - Both partners say:
 - Something I am struggling with in relationship
 - Something that is going well in relationship
 - Here is something you have done to help me feel loved/supported
 - You have to wait at least 6 hours to let it process to discuss
- Weekly family operations meeting with partner
- Redefining intimacy
- Self Care
 - Diversify social support portfolio – connect with other dads
 - Exercise 20 – 30 min a week 2 – 3 times / week
 - Spend time alone
 - Spend time with partner
 - Sleep/Eat



RESOURCES

LOCAL RESOURCES

- **Montefiore Hospital Hero Dads Program:** A FREE program designed to empower low-income, non-custodial fathers to achieve family and financial success: <https://montefioreeinstein.org/patient-care/hero-dads>
- **Forestdale The Strong Father's Initiative:** The mission of the program is to encourage and facilitate fathers' emotional and material engagement with their children: <https://www.forestdaleinc.org/strong-fathers>

NATIONAL RESOURCES

- **Postpartum Support International:** has a webpage dedicated to supporting fathers: <https://postpartum.net/get-help/help-for-dads/>
- **The Fatherhood Project:** <https://thefatherhoodproject.org/training/>
- **The Center for Men's Excellence:** <https://www.menexcel.com/>
- **Postpartum Men Website:** <https://postpartummen.com/>
- **Dope Black Dads:** <https://www.instagram.com/dopeblackdads/?hl=en>
- **Man Therapy:** <https://mantherapy.org/>
- **National Fatherhood Initiative:** <https://www.fatherhood.org/>
- **MMHLA:** <https://www.mmhla.org/articles/resources-for-fathers>

BOOKS ABOUT FATHERS AND MENTAL HEALTH

- Fathers and Perinatal Mental Health: A Guide for Recognition, Treatment and Management
- Paternal Mental Health: Factoring in Fathers
- Sad Dad: An Exploration of Postnatal Depression in Fathers
- Daddy Blues: Postnatal Depression and Fatherhood
- Dad: Untold Stories of Fatherhood, Love, Mental Health, and Masculinity \New Fathers, Mental Health and Digital Communication
- The Life of Dad: The Making of the Modern Father

Parental Mental Health

FACTORING IN FATHERS



Jane I. Honikman & Daniel B. Singley

ADDITIONAL TRAINING

Postpartum Support International

Foundations in Paternal Perinatal Mental Health
Training

[https://postpartum.net/training/paternal-perinatal-
mental-health/](https://postpartum.net/training/paternal-perinatal-mental-health/)



Q & A

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