Psych CE

Depression in New Mothers

1. The baby blues are experienced by what percentage of women?

A. 50-60 %
B. 60-70%
C. 70-80%
D. 80-90%

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2. Postpartum depression is experienced by what percentage of women?

A. 5-9 %
B. 10-20%
C. 21-30%
D. 31-40%

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3. How does the course compare the baby blues to postpartum depression?

A. The baby blues are equally as dangerous as postpartum depression and require the same level of treatment
B. The baby blues typically resolve on their own within a few weeks, while postpartum depression is clinically significant, can last for months, and can be dangerous to the mother's health
C. The baby blues last longer than postpartum depression but are less distressing
D. The baby blues always develop into postpartum depression if left untreated

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4. Which attachment style should mental health professionals help new mothers promote with their infants?

A. Secure
B. Avoidant
C. Anxious
D. Disorganized

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5. Which of the following providers may be part of a multidisciplinary (cross-systems) treatment team for a new mother with postpartum depression?

A. Therapist
B. Psychiatrist
C. Physician

D. All of the above, as well as any other professionals who would benefit the mother's ongoing health

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6. Women with depression are more likely to misuse substances?

A. True
B. False

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7. How should the best therapy modality for a new mother with postpartum depression be determined?

A. It should be individualized based on the mother's needs, health, cultural background, and identities
B. CBT should always be used because it is the most common modality
C. Inpatient treatment should always be used first
D. Solutions Focused Brief Psychotherapy should be used for all new mothers

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8. Mental health professionals have a moral and ethical responsibility to understand the unique needs of women experiencing postpartum depression. How do the symptoms of postpartum depression compare to the symptoms of depression occurring outside the postpartum period?

A. They are entirely distinct from major depressive disorder and involve different diagnostic criteria
B. The core symptoms (such as sadness, feelings of worthlessness, and isolation) are generally consistent, though they may be shaped by the transition to motherhood
C. Postpartum depression symptoms are limited to difficulty bonding with the baby and do not include other depressive symptoms
D. Postpartum depression is not a clinically recognized condition; it reflects normal exhaustion associated with new parenthood

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9. Which treatment service is described as one of, if not the most important, components of the treatment plan for a new mother with postpartum depression?

A. Medication
B. Group therapy
C. Family therapy
D. Individual therapy

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10. What should be completed as soon as possible after a new mother receives a diagnosis of postpartum depression?

A. A long term plan for what recovery looks like
B. Safety plan
C. Goal setting
D. Cope ahead plan

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11. What role do standardized screening tools such as the Edinburgh Postnatal Depression Scale and the PHQ-9 play in diagnosing postpartum depression?

A. They help gather data about the mother’s symptoms to support the diagnostic process
B. They replace the need for clinical judgment and a conversation with the mother
C. They are only used to diagnose postpartum psychosis
D. They are not recommended for use with new mothers

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