



# ***INA NA HOKSICILA WOONSPE***

(THE MOTHERS AND BABIES COURSE)  
Facilitator Workbook



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# OVERVIEW OF MOTHERS AND BABIES 1-ON-1

The Mothers and Babies (MB) Course is a postpartum depression prevention intervention initially developed as a 12-session group intervention<sup>1</sup>. More recently, it has been used as a 6-session group intervention<sup>2</sup>. The 6-session group version of the MB Course is conducted weekly for 90-120 minutes. It has been used in home visiting programs and other settings where pregnant women and new mothers receive health and social services, and has demonstrated positive outcomes in preventing postpartum depression, reducing depressive symptoms, and reducing perceived stress.

Based on feedback from home visiting programs indicating they would also like to deliver the MB Course material individually to home visiting families, the developers of the 6-session group version of Mothers and Babies adapted it into a curriculum for individual implementation called MB 1-on-1<sup>3</sup>.

The MB 1-on-1 Course takes the same core content found in the 6-session group version of MB but delivers the core content in a shorter amount of time per session. Initially, the MB 1-on-1 Course consisted of 12 sessions, which each lasted 15-20 minutes. The current version of the MB 1-on-1 Course that is presented in this Facilitator Guide Manual is delivered in 9 sessions, each expected to last 20-25 minutes. This version of the MB Course also introduces participants to mindfulness practices to support stress management. Mindfulness is the awareness that arises from paying attention to the present moment in an open and nonjudgmental way. This kind of awareness can enhance calm and well-being and can also help a person make thoughtful choices about how to respond to stressful situations.

## About this Cultural Adaptation of the Mothers & Babies Course for Tribal Communities

The workgroup who developed this cultural adaptation brought a wealth of experience and dedication to the process. Please see Appendix A for more information about our team members and details about our collaboration. The cultural references in these MB manuals are mainly from the Lakota culture and generally representative of tribes in the Great Plains region. Cultural teachings may vary from tribe to tribe (even within a tribe), and some tribes may view certain teachings or practices as helpful while others may consider them taboo. If any content in these manuals is inconsistent with the teachings of any individual or tribe, no harm or disrespect is intended.

The Lakota language is used to communicate key concepts and cultural traditions and is presented in italics in both the participant and facilitator manuals. A glossary of words and terms, pronunciations, and cultural meaning is included in Appendix B. Recommendations for making cultural adaptations to represent other tribal cultures and communities are provided in Appendix H. Facilitation tips are included throughout this Facilitator Guide to support delivery of culturally adapted content, and further adaptation to fit other tribal cultures. Artwork, images, graphic design, and colors were selected and developed to represent native families, specifically of the Great Plains area.



The Medicine Wheel icon identifies cultural references within this MB facilitator guide, along with implementation recommendations and references to additional materials which are included in the Appendices. The Appendices are only included in the Facilitator Guide, allowing the provider to determine which additional resources are appropriate to share with clients, or to first adapt and then share.

All materials are available for free download on the Mothers and Babies website: [www.mothersandbabiesprogram.org](http://www.mothersandbabiesprogram.org).

## Foundational Concepts of Mothers and Babies

### Cognitive-Behavioral Therapy (CBT)

The Mothers and Babies Course is based on principles of cognitive-behavioral therapy (CBT) and attachment theory. A basic way of defining CBT is that it attempts to change a person's cognitions (thoughts) and behaviors to improve their mood. A basic way of defining attachment theory is that the quality of the relationship a child forms with their primary caregiver (usually the mother) during infancy has a sustained effect on that child's cognitive and social development and behavior.

### The three main components of CBT are: (1) Pleasant Activities; (2) Thoughts; (3) Contact with Others

The MB Course includes a section dedicated to each of these CBT components. In each section, participants are first taught



to understand pleasant activities, or thoughts, or social interactions influences their mood. It is essential that participants first understand the relationship between each of these components and their mood. Teaching about the relationships between CBT components and mood is referred to as psychoeducation. In addition to psychoeducation that establishes the connection with one's mood, participants also learn about and practice concrete skills and strategies in each of the three sections (pleasant activities, thoughts, contact with others). These skills are intended to provide participants with a "toolkit" of approaches they can use to improve their mood.

To further make CBT concepts relevant for low-income ethnically diverse populations, who often have difficult life circumstances, the creator of the MB Course (Dr. Ricardo Muñoz) has discussed these important CBT concepts as a way of managing one's inner and outer reality in order to help manage our mood. Briefly, our inner reality refers to the thoughts that we have, which are not observable. Our outer reality refers to the behaviors that we engage in (whether alone, as is true with some pleasant activities) or with others (as in the case of contacts with others). It is important to help participants know that both inner and outer realities can affect our emotions or mood. In turn, a major emphasis of the MB Course is to help participants manage their mood by changing their inner reality (have more helpful thoughts, decrease unhelpful thoughts) and outer reality (have more pleasant activities, improved contacts with others).

### **Attachment Theory**

Elements of attachment theory are also integrated into the MB Course. Throughout the curriculum there is an emphasis on highlighting how parents can develop and strengthen a positive and affectionate bond with their baby. The curriculum does this by making connections between the CBT components and the development of positive and affectionate bonding between mother and infant. For example, a new parent who does a pleasant activity with their child will also be promoting a positive connection with their child.

### **Mindfulness Practice**

Each module in the MB Course includes some discussion or practice of mindfulness. Mindfulness practices can help us notice what is happening inside us--our inner reality, including thoughts, feelings, and sensations--and around us--our outer reality, including sights, smells, touches, and sounds (for instance, how a new baby looks, smells, feels, and sounds). Mindfulness practices included in the MB Course are intended to help participants more fully engage in the intervention's CBT and attachment-based content. For instance, mindfulness practice can help us observe our thoughts without needing to push them away or getting caught up in them. Sitting quietly and noticing patterns of unpleasant or self-critical thoughts arising and passing can help participants feel calmer and better able to cope effectively. We can use this awareness to make thoughtful choices about how to respond skillfully to stressful situations and seek out help and support when needed.

Participants may find it easier to identify and use appropriate CBT skills after practicing mindfulness. The facilitator guide includes mindfulness practices at points in the script where we feel they fit most naturally; however, you are welcome to use them to open or close a session if you prefer. For instance, you may want to start with the mindfulness activity if you think a participant might need to re-set at the start of a session after a hectic day. Participants may be at different levels of familiarity with mindfulness, and may already practice it on their own.

### **When Should I Deliver a Session?**

The MB 1-on-1 Course is intended to be delivered in person. We have designed each session to be short enough that you can add the MB material to the other things you are covering during an interaction you already have scheduled with a participant (e.g., home visit, prenatal care visit). However, we know that it will not always be possible to deliver the material in person. If that is the case, it is fine to deliver the material over the phone or video chat. In-person delivery is the "gold standard," but it is important to be flexible in how MB is delivered to ensure timely completion of the intervention sessions.

### **How Frequently Should I Deliver a Session?**

It is recommended that you deliver one session per week. The reason for that schedule is that it is important to talk about the MB material regularly so it is fresh in a participant's mind, yet also gives the participant time to practice the skills that are presented during sessions in between visits. However, we know that sometimes it is not possible to talk to a participant each week—whether in person or by phone. We strongly encourage you to complete one session at least every two weeks. Consider delivering multiple sessions at the same time to a participant, especially if you anticipate that she will not be available to meet weekly, regularly for 9 sessions, or your participant may be close to delivering their baby.

### **Are there Strategies to Help Participants Understand the Material?**

The MB 1-on-1 Course has been written in language that hopefully even families who have difficulty learning new skills

should be able to understand. That said, we understand that there are varying levels of literacy among the participants who will receive the MB Course and sometimes a topic may not be understood the way it is written in the Facilitator Manual. It is important to remember that we want you, as the facilitator, to use language, phrases, and examples that your participants will understand and relate to. You should also feel free to help participants read material in their Participant Workbook or provide verbal activities instead of written activities as another strategy for addressing lower literacy or language barriers.

It is also useful for facilitators to use personal examples to help explain MB content. In some cases, it is useful for the facilitator to share an example that will help explain and normalize a concept in the curriculum. For example, a facilitator can share some of their own stressors as a way of reinforcing the notion that everyone has stress in their lives. It is important, however, for the facilitator to only share examples he/she is comfortable with. The MB 1-on-1 Course has been translated into multiple languages and our Mothers and Babies website ([www.mothersandbabiesprogram.org](http://www.mothersandbabiesprogram.org)) has an updated list of the languages into which it has been translated.

### **Do I Need to Deliver the Sessions in Order and What if I Don't Have Time to Finish a Session?**

We have designed the intervention to be delivered in order from Session 1 to Session 9. This is because content found earlier in the intervention is critical to later material. We have structured each session to last 20-25 minutes and each session focuses on a general theme. We recommend that you deliver the entire session at one time, rather than starting a session and completing it during your next visit with a participant. We have built in time to have brief conversations about each topic, but you will need to be mindful of time spent discussing each to help with time management. To help you successfully complete a session in the 20-25 minute time-frame, we provide an estimated amount of time needed to discuss each topic within a session. However, you should be the judge about whether to spend more time on a topic if a participant is very engaged in the material or you feel the participant could benefit from additional time on a particular topic. One time-management strategy is to find ways to incorporate topics into other material that you are discussing during the course of your visit with a participant (e.g., during a home visit, during a prenatal care appointment or well-child visit).

### **What if Another Family Member Wants to be Part of a Session?**

On occasion, another family member (e.g., baby's father, grandmother) may want to sit in on a MB session. We believe it is best for you to use your judgment on whether this is appropriate. In many cases, this will be fine and perhaps even a good thing for building relationships between family members. However, because some of the material in the MB Course talks about personal issues, including one's emotions and feelings, having another person sit in on a session may be an invasion of privacy or cause the participant to not share as fully as she would like. Use your judgment and consult with participants.

### **What Should I Do If Someone Talks About Harming Themselves?**

While there is nothing in the MB Course that we believe will trigger someone to discuss self-harm, there is always the possibility that discussion of emotions and thoughts may lead someone to talk about wanting to harm themselves or others. This needs to be taken extremely seriously. Each organization using the MB Course should have its own process for handling issues related to potential self-harm or harming others, which should be reviewed prior to MB implementation. Before starting to use the MB material, it is important to make sure you know whom to contact if you need to respond to concerns about self-harm. In the rare event that someone talks about wanting to hurt themselves or someone else right away, it is important for you to stay with (or on-the-line with) the family until you are sure that the situation is under control.

### **Who Will Benefit from the Mothers and Babies Course?**

The MB Course is ideally designed for delivery during the perinatal period—i.e., pregnancy and until a child turns one year old. If your organization serves families who have older children, the skills in the MB Course are still appropriate for these families. However, because the activities and examples in the curriculum are specific to the perinatal period, a facilitator needs to modify some of the language and examples for families with older children. Another important consideration is determining whether you will deliver the MB Course to all participants at your program/agency or whether you will implement with a subset of families based on specific criteria. We believe that the MB Course can easily be implemented as a universal intervention (i.e., delivered to all participants). If delivered as a universal intervention, it will be important to take into consideration that some women who are experiencing the most severe symptoms of depression and/or anxiety can benefit from the MB Course, but may also need services from a mental health professional. For organizations who choose to implement the MB Course with a subset of families, a number of variables may be used to determine eligibility including: depressive symptom scores, anxiety symptom scores, and/or previous history of depression. If delivering the MB Course to a subset of families based on pre-determined criteria, we encourage organizations to be flexible in their criteria for receipt of the MB Course since there are many reasons why participants may under-report mental health symptoms.

## **How Should I Introduce Mothers and Babies to a Participant?**

Although the MB Course has considerable evidence that it is effective in preventing depression, we recommend that you introduce MB as a Stress Management Program. Instilling the notion that everybody has stress in their lives and that there are specific and effective strategies for managing stress is a very effective way of getting participants to embrace the importance of the MB Course. We suggest emphasizing that the skills found in the MB Course will also have a positive impact on a mother's relationship with her child and will allow her to be a more responsive and connected parent to her child. The MB Course does that by ensuring that a mother is emotionally healthy. In the same way that a pregnant woman or new mother is encouraged to have good physical health for the well-being of her baby, it is important to encourage a new mother to be emotionally healthy, which will also greatly benefit her child. MB has been found to reduce the likelihood of developing postpartum depression, which can affect anyone and at unpredictable times during pregnancy or after the baby is born. This fact can reassure women who have experienced depression in the past.

## **Who Can Deliver Mothers and Babies?**

Individuals with mental health training (e.g., licensed clinical social workers, clinical psychologists) **or** without formal mental health training (e.g., home visitors, doulas) can both deliver the MB Course. Our research has shown that the key factors that influence effective delivery of the MB Course are: a) receiving training on the intervention, b) participating in supervision when first delivering the intervention to participants, and c) perceptions that the MB Course can play an important role in addressing the mental health needs of pregnant women and new mothers.

## **Supervision when Implementing Mothers and Babies for the First Time**

We recommend that once trained on the MB Course, individuals delivering the intervention receive structured supervision/technical assistance. Typically, we recommend that for the MB 1-on-1 Course, a facilitator will receive supervision as (s)he delivers the intervention to a few initial participants/families. Key issues that are addressed during supervision include: (1) discussing the content of the sessions that are being delivered to ensure that the key points are being clearly presented and understood; (2) addressing the process of delivering the MB sessions—for example, where does the MB session fit best during a home visit or behavioral health session; does your participant benefit from reminder calls/texts to do personal projects between sessions; are there ways to address distractions during the sessions; and 3) processing the disclosures that participants may share regarding their stressors, traumatic experiences, prior difficulties with mental illness, etc., in order to support the facilitator's emotional well-being and ability to effectively assist participants. Typically, supervision/technical assistance will be conducted by a member of Northwestern University's Mothers and Babies team. However, a train-the-trainer approach may be used in some instances through which technical assistance is provided by program managers/supervisors and mental health clinicians who are connected with a program/agency delivering the MB Course.

## **Personal Mindfulness Practice**

You will be best prepared to lead the mindfulness practices if you practice them yourself. Taking a full-length Mindfulness-Based Stress Reduction (MBSR) course is one of the best ways to become deeply familiar with the practices, although we recognize that may not be feasible for many individuals. Other resources exist in online and print formats that can help to develop a mindfulness practice if this approach is new for you. Mindful.org has a guide to beginning mindfulness practice with an array of guided audio/video links and short articles. Stop, Breathe, & Think ([www.stopbreathethink.org](http://www.stopbreathethink.org)) is a free app (in iPhone, Android, and web platforms). By practicing mindfulness yourself, you will be more comfortable and knowledgeable in answering your participants' questions and supporting their practice. While MB facilitators do not need to be mindfulness experts, because the exercises are clearly scripted, having some familiarity with mindfulness concepts will help you better instruct participants on how to use the MB Course's mindfulness practices. Finally, it is important to encourage participants to read through each exercise initially when practicing at home – especially for personal projects – but feel free to modify them as they like to “own” the exercise and make it most beneficial for their specific circumstances. Tips on incorporating mindfulness into other MB activities are included in most of the personal projects for each session.

## **References**

1. Muñoz RF, Le HN, Ippen CG, Diaz MA, Urizar GG, et al. (2007). Prevention of postpartum depression in low-income women: development of the Mamas y Bebés/Mothers and Babies Course. *Cognitive and Behavioral Practice*, 14, 70–83.
2. Le HN, Perry DF, Mendelson T, Tandon SD, & Muñoz RF. (2015). Preventing perinatal depression in high risk women: Moving the Mothers and Babies course from clinical trials to community implementation. *Maternal and Child Health Journal*, 19, 2102-2110.
3. Tandon, SD, Ward, EA, Hamil, JL, Jimenez, C, & Achike, M. (2018). Perinatal depression prevention through home visitation: A cluster randomized trial of Mothers and Babies 1-on-1. *Journal of Behavioral Medicine*, 41(5), 641-652.

# Instructions:

## USING THE MOTHERS AND BABIES 1-ON-1 MANUALS

This manual will help you deliver the MB 1-on-1 Course to the families you work with. The manual is divided into 9 SESSIONS—one for each of the nine MB 1-on-1 sessions. Each session has been designed to last 20-25 minutes.

**Objective:** Each session begins with an overall objective

**TOPIC #:** Each session consists of TOPICS—usually 3 or 4 per session. Each topic is clearly labeled with a recommendation for how many minutes to spend on the topic.



Each topic has a SCRIPT, which is identified with this word bubble icon, and regular text. The script is the guide you should use when communicating the material for each topic. You do not have to use the script word for word. The script is there for you as a road-map—you should feel free to use your own words to communicate the main points.

*Included in most topics are instructions to the facilitator. These instructions appear in italic text. They provide guidance about how to deliver the content.*

*For example, each time a new Worksheet is indicated, there are instructions for the facilitator:*

*Open the Participant Workbook to Worksheet X.X*



Most topics include INTERACTIVE LEARNING activities to help the participant understand the concepts as they relate to her life. INTERACTIVE LEARNING activities are identified with this dialogue icon, and bullet points. These are opportunities to engage with the participant to identify examples and situations in her life where she can use and practice the skills.

### Key Points



- Each topic has a few key points
- These are the main messages that should be communicated within each topic
- You do not need to read the key points to a participant
- They are intended to remind you what the main messages are for the topic

WORKSHEET X.X:  
TITLE GOES HERE

**A SMALL SNAPSHOT OF THE WORKSHEET YOU ARE TO INTRODUCE AND DISCUSS WITH THE PARTICIPANT IS PLACED NEAR THE RELATED TOPIC**



Several sessions include instruction on different aspects of **MINDFULNESS PRACTICE**. These are intended to be modeled and practiced together in session with participants. Reminders to practice mindfulness are integrated throughout the MB Course, and you can also encourage participants to practice any time, as needed.

## MATERIALS FOR PARTICIPANTS

We have created a Participant Workbook that corresponds with the material presented in this Facilitator Guide. The Participant Workbook is a series of **WORKSHEETS** that participants can use to help with learning and practice of the strategies in the Mothers and Babies Course.

In the Facilitator Guide we indicate in each session when a participant should refer to a worksheet. Each worksheet is labeled in alignment with each session. For example, Worksheet 1.1 is the first worksheet in session 1 while Worksheet 1.2 is the second worksheet in session 1, etc.

- The participant should receive a copy of the Participant Workbook, which includes full-sized copies of worksheets.
- Every session refers to multiple worksheets, to help engage the participant in learning and practice.
- You can decide with the participant whether to give her the complete Participant Workbook at the first session, or whether to give her materials one session at a time.

**Facilitator Tip:** Some topics include facilitator tips. These tips generally identify a process recommendation, or an adaptation to meet participant needs.



**Cultural Adaptation Tip:** These tips relate to delivering culturally adapted content, and recommendations for making further adaptations to represent local tribal culture.

WORKSHEET X.X:  
TITLE GOES HERE

**A SMALL SNAPSHOT OF THE WORKSHEET YOU ARE TO INTRODUCE AND DISCUSS WITH THE PARTICIPANT IS PLACED NEAR THE RELATED TOPIC**

## PERSONAL PROJECT: Title Goes Here (Worksheet X.X)



Each session ends with a **PERSONAL PROJECT**.

This personal project is not to be done during the 20-25 minutes you are together with a participant.

Rather, you should introduce the personal project and ask the participant to do the activity before the next time you meet. The personal project may include multiple activities.

The reason we ask participants to complete personal projects between sessions is to encourage them to practice the skills in their daily lives, to find what works well for them, and to build these healthy habits over the course of the Mothers and Babies sessions.

WORKSHEET X.X:  
TITLE GOES HERE

**A SMALL SNAPSHOT OF THE WORKSHEET YOU ARE TO INTRODUCE AND DISCUSS WITH THE PARTICIPANT IS PLACED NEAR THE RELATED TOPIC**



# Session 1

**Objective:** Identify the participant's sources of stress and discuss how the Mothers & Babies Course can help balance stressors with healthy thoughts and behaviors.

## TOPIC 1: STRESSORS AND STRENGTHS THAT CAN AFFECT MOTHER-BABY RELATIONSHIP (5-10 MINS)

Open the Participant Workbook to Worksheet 1.1



I want to start by finding out what some of the stressors in your life are. It's important to remember that everyone gets stressed. Sometimes stressful events make it difficult to focus on important things such as taking care of ourselves and relationships with others, including our children. This is because stressful events and feeling stressed can take a lot of our time and energy. What are the first things that come to mind when I ask what causes you to feel stressed?

Encourage participant to share the things that cause her stress. Request details or ask for clarity as needed. Refer to the stressors in the circles on Worksheet 1.1, if the participant has difficulty listing things that are stressful.

**Facilitator Tip:** Providing examples of stressors in your own life can help model how much detail you are expecting the participant to share. Knowing that you also experience stress reinforces that it is normal.

Use the questions below to identify how stress makes the participant feel and affects her interactions with other people, especially the baby she is expecting or just delivered.



When you are stressed, how does that affect you?  
Also, how does stress affect the relationship with your baby?

Emphasize that stress can affect the participant physically (e.g., feeling tired) or emotionally (e.g., feeling sad, irritable). Discuss how stress can affect the mother-baby relationship by impacting responsiveness, emotional connection, and being fully present with the baby.

Open the Participant Workbook to Worksheet 1.2



Now, let's look at Worksheet 1.2 together. Let's talk about your strengths. Think about and name some strengths or positives in your life now. Do you notice any strengths in the circles around the mother and baby that you can relate to?

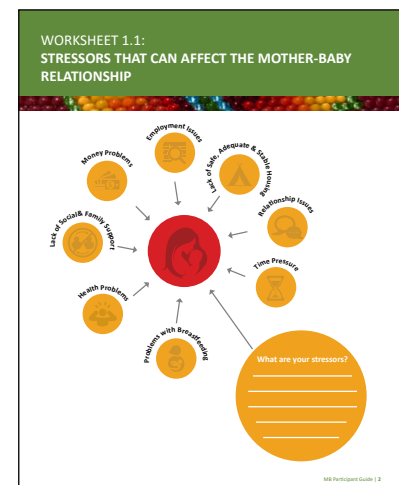
Encourage the participant to think about the strengths she has, and how they create balance in her life.

Open the Participant Workbook to Worksheet 1.3

### Key Points



- Everyone experiences stress
- Stress can affect how we feel emotionally and physically
- Stress can affect:
  - The mother's emotional health and physical well-being
  - The mother-baby relationship



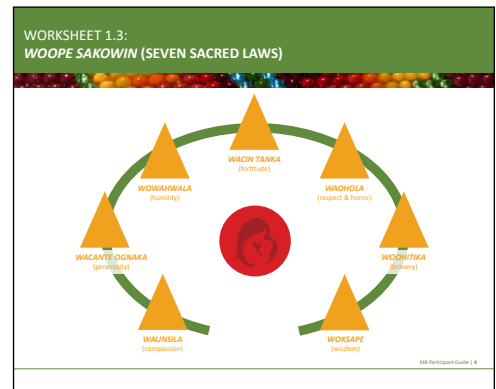
Worksheet 1.3 shows us the Seven Sacred Laws, and how they relate to the mother and baby relationship. Can you identify some ways that these values are in your life and/or part of your relationships?

Encourage the participant to identify ways that she is showing compassion, humility, generosity, fortitude, honor, bravery, and wisdom in her life.

**Facilitator Tip:** Provide participant with Appendix C of the facilitator guide if they would like an additional, larger copy of the Seven Sacred Laws.



**Adaptation tip:** You can adapt this worksheet using a different tribal language to represent the 7 sacred laws/teachings/values



**Facilitator Tip:** Provide examples you may have observed from the participant's behaviors and stories she has shared, or refer to a goal she may have discussed.

Open the Participant Workbook to Worksheet 1.4

Now, let's look at Worksheet 1.4. What do you see when you look at the picture on the top?

Emphasize that there is imbalance created by the stressful things in our lives. Encourage the participant to think about the stressors she just identified and how they create imbalance in her life.

Now, let's look at the bottom of the picture on Worksheet 1.4. What do you see in the picture?

Emphasize that there is now balance, and the balance is caused by having healthy ways of thinking, engaging in pleasant activities, and interacting with supportive people. Highlight that the stressful things did not disappear, and discuss the fact that everyone has stress and it is important to have ways to manage stress through one's behavior and thoughts.

## TOPIC 2: HOW THE MOTHERS & BABIES COURSE CAN HELP YOU (5 MINS)



We just talked about how stress affects your emotional and physical health, which is not always good for you or for the relationship you have with your children.

The good news is that there are ways to manage the stress in our lives, and that is what Mothers and Babies is all about.

Mothers and Babies is organized into three main sections. In each, we will talk about making changes in different aspects of your life that may affect your mood.

- First, we will talk about how doing things we enjoy, either by ourselves or with others, can improve our mood. This section is called "Pleasant Activities."
- Second, we will talk about how different ways of thinking can affect our mood. This is the "Thoughts" section.
- Third, we will discuss how the ways we communicate and interact with the people around us can influence our mood. We call this section "Contact with Others."

### Key Points



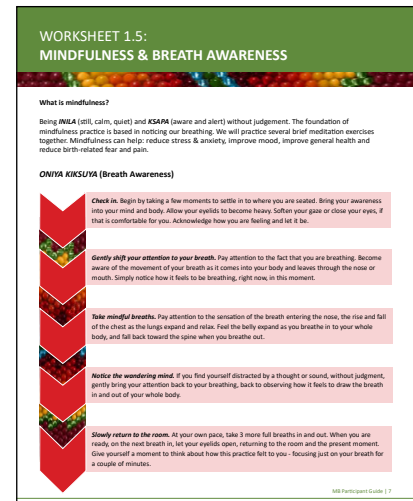
- Mothers and Babies can provide skills to help pregnant women and new mothers manage stress in their lives
- There are three main sections of Mothers and Babies: pleasant activities, thoughts, and contact with others
- Mindfulness activities can help you slow down and pay attention to what is happening inside and around you.
- We will be doing mindfulness activities throughout Mothers and Babies.

As we spend time together talking about Pleasant Activities, Thoughts, and Contact with Others, it is important to remember that we can make changes in all of these areas, and those changes can improve our mood. Another way of putting it is that our moods do not change by themselves. Rather, we can change our behaviors, ways of thinking, and some of our interactions with other people, all of which influence our mood.

In each of the Mothers and Babies sections we have also included some mindfulness activities. You may have heard the phrase mindfulness before.

Mindfulness consists of thinking and breathing exercises that can help you slow down and pay attention to what is happening inside and around you.

We will practice a few mindfulness activities throughout Mothers and Babies. Today, let's do a common mindfulness activity that is called "Breath Awareness."



Open the Participant Workbook and guide the participant through the Breath Awareness practice on Worksheet 1.5.

### TOPIC 3: YOUR PERSONAL REALITIES (5 MINS)

Open the Participant Workbook to Worksheet 1.6



According to the Lakota worldview, Tawacin is an integration of our heart, mind and emotions and contributes to our thoughts, attitudes, behaviors and moods. The Sacred Circle Within Me (Ta Mahel Cangleska Wakan), represents our personal reality, which includes our thoughts (Woyukcan), our physical experiences, behaviors and interactions (Tacan), our mood and emotions (Tawacin), and our spirit (Nagi).

Our moods do not change by themselves. Many things affect the way we feel. Some of these are part of our outer reality and some are part of our inner reality. What do we mean when we say inner and outer realities?

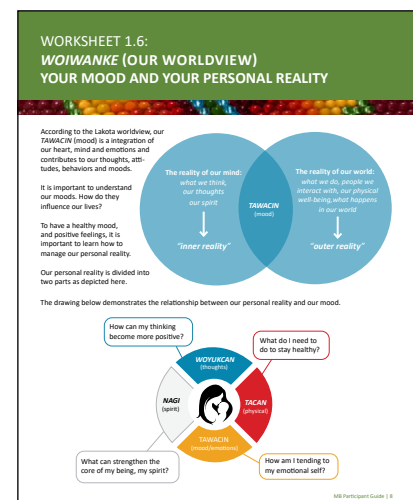
Our outer reality includes all the things that happen to us, our physical health, all the things we do, and the way we relate to others. It includes observable facts. For example, if you have an argument with your partner, that would be part of your outer reality. Having back pain, swollen ankles, or a small child who wakes up in the middle of the night, or having issues at work are all things that could be part of one's outer reality.

Our inner reality is made up of our thoughts and our spirit, and are things that others cannot directly observe. Other people do not know what is happening in our minds. For example, your thoughts about being a mother are an example of your inner reality. Our

#### Key Points



- Your Outer Reality refers to observable facts and experiences
- Your Inner Reality refers to thoughts that only you can observe
- When we want to change our mood, we can make a change in our inner reality, our outer reality, or both



thoughts influence our view of the world and how we think of ourselves just as much as what we actually do and what happens to us.

What is most important to remember is that both our inner and outer realities affect how we feel and that you can change your inner and outer realities. Mothers and Babies will provide you with skills to change both your inner and outer realities.

The diagram on WORKSHEET 1.6 shows how our inner and outer reality can affect our mood. Our thoughts, activities, and emotions are interrelated, which means that:

- There is a relationship between what we do and how we feel: The things we do affect the way we think, and the way we think can also affect how we feel
- Changing what we do and who we interact with (our outer reality) is likely to affect both how we think and how we feel
- Making changes that keep us feeling good and making healthy choices sets a good example for our children

**Facilitator Tip:** Make the connection between inner and outer reality and the module of Mothers and Babies. Specifically, point out that the Pleasant Activities and Contact with Others sessions relate to outer reality, and the Thoughts section relates to inner reality.

**Facilitator Tip:** Provide participant with Appendix D of the facilitator guide if they would like an additional, larger copy of the “Sacred Circle Within Me”.



**Adaptation tip:** You can adapt this worksheet using a different tribal language to represent the sacred circle within

## TOPIC 4: QUICK MOOD SCALE (5-10 MINS)

*Open the Participant Workbook to Worksheet 1.7*



A first step in managing our mood is to notice our mood and understand what affects it. Often we are so busy that we don't slow down and really notice how we are feeling or what affects how we are feeling. When we know what makes us feel better or worse, we can make changes to improve our mood. For example, we can do more of what makes us feel better.

One easy way to track your mood is to use something we call a Quick Mood Scale.

The Quick Mood Scale allows you to rate your mood each day using a scale from 1 to 9. A rating of “9” refers to an exceptionally good day—for example, getting married or getting a new job. A rating of “1” refers to an exceptionally bad day—for example, the death of a friend or family member.

You will get the most out of the Quick Mood Scale if you try to use the whole scale – to match your mood to a specific point between 1 and 9. For example, if you were not feeling your best, but you knew that it wasn't the worst you'd ever felt, you would maybe pick 2 or 3. There are no right or wrong answers. It's just how you think you're feeling.

### Key Points



- The Quick Mood Scale is a tool that can be used to help pay attention to the things that affect our mood
- Noticing our mood is the first step to knowing what makes us feel better or worse
- When completing the Quick Mood Scale, a) use the entire range [1-9], b) try to fill it out at night or first thing in the morning, and c) base it on activities and thoughts from the entire day



**Facilitator Tip: Validate that it is normal to have different moods, and that the goal is not to achieve ‘the best mood’ every day. Rather, this tool is to help clients learn to self-assess, in order to identify times when they can use a strategy to help them feel and function better.**



We recommend that you complete the Quick Mood Scale each night before bed, or first thing in the morning. It's important to do it every day and not after a few days have passed because you may remember things differently if you wait too long. It is also important to think about everything that happened during the day when completing the Quick Mood Scale. Often we focus on one good or bad thing but there are many things that happen to us during the day that affect our mood.

**Facilitator Tip: Discuss ways to remind oneself to do the Quick Mood Scale, such as setting a reminder on phone, putting a copy of the Quick Mood Scale on the fridge, or using a mood tracker app.**

At first, it might feel strange to track your mood, but after practice it becomes natural, kind of a daily self-check, so I can say to myself, “overall, how was today for me?”

As we talk more about Mothers and Babies the next few weeks, you will learn a lot of new strategies for improving your mood and dealing with stress. We want you to practice these strategies at home so you can identify whether or not they were helpful. The Quick Mood Scale can be helpful in keeping track of how using these strategies might affect our mood.

*Demonstrate using the Quick Mood Scale by rating an example day or two of your own and asking the participant to do the same.*

**WORKSHEET 1.7:  
QUICK MOOD SCALE**

The Quick Mood Scale helps you to track your mood every day. It will help you learn to be aware of how you feel so that you can learn to have healthier moods and teach your baby to balance his or her moods.

**How to complete the Mood Scale:**

Every night, before going to bed, circle the number (between 1-9), which indicates how you felt that day. There is no right or wrong answer.

- If your mood is average, (not high nor low), circle number 5
- If it is better than average, circle a number higher than 5
- If it is worse than average, circle a number lower than 5

We find that it is easiest to keep the scale by the bed so that before you go to bed, you can think about your day and rate your mood for the day.

DATE:	MON	TUE	WED	THU	FRI	SAT	SUN
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

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## PERSONAL PROJECT: Quick Mood Scale (Worksheet 1.7)



### Instructions:

We are now almost finished with the first Mothers and Babies session. At the end of each session, we will ask you to practice the skills that we discussed in the session. We call these activities “Personal Projects.” The personal projects will not take much time, but they are very important so you can practice skills in your daily life, and learn what works best for you. The personal project to do before next session is to practice using the Quick Mood Scale, starting tonight and each night this week.

1. Complete the Quick Mood Scale by circling your mood for the day. You can use WORKSHEET 1.7, or if you have a journal or phone app you will be more likely to use, you can try that.
2. Try doing the breath awareness practice on your own, at least once.

### MINDFULNESS TIPS

- Remember how you practiced breath awareness to check in with yourself.
- You can use mindfulness to help you slow down and be present when you reflect on your mood.
- Give yourself permission to let go of other thoughts and worries.
- Allow yourself to slow down and be present in the moment.

**WORKSHEET 1.7:  
QUICK MOOD SCALE**

The Quick Mood Scale helps you to track your mood every day. It will help you learn to be aware of how you feel so that you can learn to have healthier moods and teach your baby to balance his or her moods.

**How to complete the Mood Scale:**

Every night, before going to bed, circle the number (between 1-9), which indicates how you felt that day. There is no right or wrong answer.

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We find that it is easiest to keep the scale by the bed so that before you go to bed, you can think about your day and rate your mood for the day.

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	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

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# Session 2

**Objective:** Discuss how engaging in Pleasant Activities can improve one's mood.

## TOPIC 1: QUICK MOOD SCALE REVIEW (5 MINS)

Open the Participant Workbook to Worksheet 1.7



The last time we met, I asked you to complete the Quick Mood Scale each night. Let's take a look at what you were able to complete.

Use the questions below to guide discussion. Have the participant explain the rating for at least 2 or 3 of the past days, paying attention to what caused a certain rating.



- How was it for you to complete the Quick Mood Scale?
- What did you learn by tracking your mood in this way?
- What happened on the days when you had a lower mood?
- What happened on the days when you had a good mood?
- Was there anything that got in the way of you completing the Quick Mood Scale?

I also introduced you to Mindfulness and a Breath Awareness Mindfulness exercise.

- How did you like practicing breath awareness?
- Have you used it again on your own?
- What did you notice in getting started with mindfulness?

**Facilitator Tip:** Participants might not complete a personal project. When that happens, take the opportunity to ask her to come up with ways to remember to do them or reduce obstacles to doing them - whatever makes practicing this skill easier for this participant.

Spend a few minutes reflecting on the participant's answers, making note of any activities she finds pleasurable or other things that help her mood. Remember these for later discussions in this and other sessions.

### Key Points



- Ask the participant to review 2 - 3 days of her Quick Mood Scale ratings
- Discuss the participant's experience using the Quick Mood Scale and address barriers to completing the Personal Project

#### WORKSHEET 1.7: QUICK MOOD SCALE

The Quick Mood Scale helps you to track your mood every day. It will help you learn to be aware of how you feel so that you can learn to have healthier moods and teach your baby to balance his or her moods.

##### How to complete the Mood Scale:

Every night, before going to bed, circle the number (between 1-9), which indicates how you felt that day. There is no right or wrong answer.

- If your mood is average, (not high nor low), circle number 5
- If it is better than average, circle a number higher than 5
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We find that it is easiest to keep the scale by the bed so that before you go to bed, you can think about your day and rate your mood for the day.

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	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

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## TOPIC 2: HOW DOES WHAT WE DO AFFECT HOW WE FEEL? (10 MINS)

Open the Participant Workbook to Worksheet 2.1



In our first Mothers and Babies session, we saw how Pleasant Activities, Healthy Ways of Thinking, and Contact with Other People can all affect your mood. We will focus on Pleasant Activities for the rest of today's session. Pleasant Activities are simply things that we enjoy doing. They can be big things, like taking a vacation, or smaller things, like braiding a loved one's hair. When people do pleasant activities, they are likely to feel happier or more energized, think more positively, and have more positive interactions with people. Let's look at the stories on Worksheet 2.1 to see an example of how Pleasant Activities affect our moods.

Dawn and Sunset are both 5 months pregnant. Lately, they've both been feeling down. When their stories start, both rate their mood on the Quick Mood Scale as 4. Let's see how what they do affects how they feel.

Together with the participant, read both Dawn and Sunset's stories from top to bottom.

**Facilitator Tip: Unless the participant has difficulty reading, it is suggested that she reads one or both of the stories out loud (from top to bottom).**

Use the questions below to have the participant reflect on the similarities and differences between Dawn's day and Sunset's day, emphasizing that 1) only Sunset engaged in pleasant activities, and 2) Sunset's mood at the end of the story was better than Dawn's because she engaged in those pleasant activities.



- What do you notice about these two stories?
- What does each character choose to do (or not do)?
- How would you rate Dawn's mood at the end of the day? How would you rate Sunset's mood?
- Why might they differ?

Ask the participant if she relates to either of these stories and can compare it to a particular day she remembers. Have her try to describe how something she did (a pleasant activity) made her mood better or worse.



Sunset felt better after she did 3 pleasant activities: 1) took a shower, 2) talked with a friend on the phone, and 3) went for a walk with her friend. Even though she felt just as bad at the beginning of the day as Dawn did, her mood improved because of the activities she did.

### Key Points



- Pleasant activities are things that we enjoy doing
- Making time for pleasant activities is important for maintaining balance in your life, especially when you are feeling stressed
- People who do more pleasant activities are likely to have better moods



### TOPIC 3: WHAT DO YOU LIKE TO DO? (10 MINS)



One of the goals of Mothers and Babies is to help you identify Pleasant Activities that can improve your mood and help you build those Pleasant Activities into your life regularly. Here are some things that are good to remember about pleasant activities:

- Pleasant activities can be done with other adults, with your children, or by yourself.
- Pleasant activities tend to link together. Doing one pleasant activity can start a chain of events so that you are more likely to continue doing other things you enjoy. We saw that with Sunset in the story we just read—she started by taking a shower which made her feel more like seeing her friend.
- We may not have the energy to do pleasant activities when we are feeling down or tired, but doing them can make us feel better and gives us more energy to do other pleasurable things.
- Pleasant activities you do with your child (e.g. singing at bedtime, going for a walk on a sunny day, watching older children play) can be good for both your mood and your child's mood.
- Pleasant activities don't have to be big things: they can be brief, low cost or no cost, and part of everyday routines.
- Be mindful of conditions that may make an activity more or less pleasant. For example, if you choose an activity that takes a lot of effort when you don't have a lot of time or are overtired, it can end up not being enjoyable. Do what makes sense for you at that time.

*Take a moment between each bullet point above for the participant to respond or ask questions. When you have discussed the last one, encourage her to think of one pleasant activity to do that is no/low cost, brief, and can easily be a part of, or added to, her daily routine.*

*Open the Participant Workbook to Worksheet 2.2*



Here is a list of pleasant activities that some pregnant women and new mothers like to do.

Pleasant activities that you do for yourself are a type of self-care. It is important to make time for pleasant activities even after you have had a baby and don't feel like you have a lot of time for yourself because you have to tend to your baby's and your family's needs. It's common for mothers to put the needs of everyone else before their own. Don't let yourself feel guilty about taking care of yourself--this can give you the energy you need to care for other people.

**Facilitator Tip: Provide Appendix E to participants who are interested in learning more about making a WOKPAN (spirit or cultural toolkit). Making a *spiritual/cultural toolkit* is listed as pleasant activity #7 on Worksheet 2.2.**



**Adaptation tip: Create your own worksheet--Use language, images, colors and materials specific to local tribal culture.**


#### Key Points



- Pleasant activities can be brief, no cost, or low-cost, and part of everyday routines
- You can choose to do something alone, with other adults, or with your baby, depending on what makes sense for you
- Doing one pleasant activity can give you the energy to do more things you enjoy

WORKSHEET 2.2:  
PLEASANT ACTIVITIES LIST

1. INIPI (purification lodge ceremony) / Go to ceremony	11. Go for a walk
2. WAZIYA (smudge) / Pray	12. Go to church
3. Go to a Powow	13. Pray / Communicate with the Creator
4. Go harvesting with friends or family	14. Daydream
- pick cholecherries, prujito (medicine - sage, cedar), empsila (wild turnip) or cheyoka (wild mint tea)	15. Write poetry
5. Work outdoors (e.g., gardening)	16. Sing
6. Beading	17. Take a nap
7. Make a WOKPAN (spirit tool kit)	18. Watch TV
*use additional resource on WOKPAN	19. Meeting friends for a cup of tea or coffee
-Appendix C in Facilitator Guide	20. Practice a relaxation exercise - deep breathing
8. Listen to music	21. Exercise
9. Take a shower or warm bath	22. Cook
10. Spend time with friends	23. Dance
	24. Read a book or magazine
	25. Other _____
	26. Other _____



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## TOPIC 4: MINDFULNESS PRACTICE: BODY SCAN (5 MINS)



I shared with you that breath awareness is the foundation of mindfulness practice. Today I am going to introduce you to a new mindfulness practice called the Body Scan, which also uses breath awareness.

*Open the Participant Workbook to Worksheet 2.3, and guide the participant through the complete body scan practice.*

**Facilitator Tip:** Check whether the participant is already familiar with or practices mindfulness on her own -- if they are already familiar, the mindfulness practice can be assigned as a personal project rather than directing in sessions.



Practicing mindfulness when we are doing pleasant activities can help to more fully enjoy the pleasurable experience.

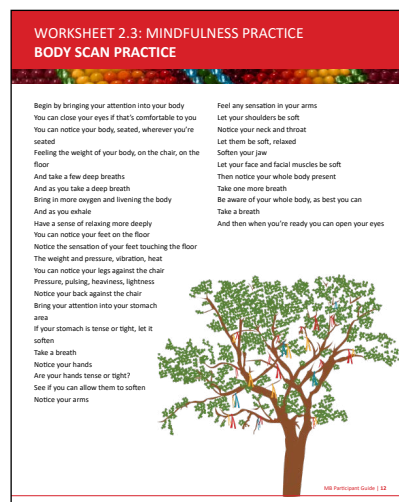
### MINDFULNESS TIPS

- Put away your phone/devices
- Focus completely on whatever activity or activities you choose to do
- Give yourself permission to let go of other thoughts and worries
- Allow yourself to slow down and just enjoy the moment

### Key Points



- Mindfulness is the practice of being aware in a non-judgmental way
- Practicing mindfulness can help boost positive feelings and reduce stress and anxiety
- Mindfulness can be practiced by focusing on your breath and noticing your thoughts

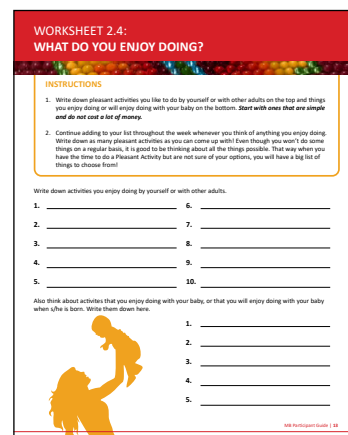


## PERSONAL PROJECT: Pleasant Activities List (Worksheet 2.4)



### Instructions:

1. Write down pleasant activities you like to do by yourself, with other adults, and with your child/children. Start with ones that are simple and do not cost a lot of money. Continue adding to your list throughout the week whenever you think of anything you enjoy doing.
2. Try practicing the Body Scan on your own at least once this week.



# Session 3

**Objective:** Discuss reducing obstacles to doing Pleasant Activities. Also brainstorm Pleasant Activities to do with babies and children to support their physical and emotional development.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)

Open the Participant Workbook to Worksheet 2.4



Let's take a look at the list of Pleasant Activities you came up with. It's great to see that you already know some activities that improve your mood.

**Facilitator Tip:** If the participant has not completed this personal project, it may be helpful to provide a list of activities (Worksheet 2.2). Be sure to commend her efforts if she did complete it to encourage continued completion of Personal Projects.

Use the questions below to guide discussion about the participant's Pleasant Activities List, or fill it out together. Emphasize that keeping this list makes it easier to think of things to do if she ever has trouble coming up with ideas, which is common when someone is feeling down.



- Is there anything you noticed as you were building your list?
- Do you tend to think of activities that include other people or activities you do on your own?
- What are some of the activities you came up with that are low-cost, quick to complete, or part of your daily routine?

You may have already noticed that even though you are aware that pleasant activities can improve your mood and want to do them, sometimes there are obstacles to being able to do them.

- Is there a Pleasant Activity on your list that would be quick and easy to do but that you still might not do for yourself?
- What are the obstacles you think might keep you from doing that activity?

### Key Points



- Pleasant Activities don't need to be expensive or time-consuming to improve your mood
- Sometimes the biggest challenges to completing pleasant activities are your own thoughts or your mood
- Challenges to doing pleasant activities can often be anticipated, removed, or overcome

#### WORKSHEET 2.4: WHAT DO YOU ENJOY DOING?


##### INSTRUCTIONS

1. Write down pleasant activities you like to do by yourself or with other adults on the top and things you enjoy doing or will enjoy doing with your baby on the bottom. **Start with ones that are simple and do not cost a lot of money.**
2. Continue adding to your list throughout the week whenever you think of anything you enjoy doing. Write down as many pleasant activities as you can come up with! Even though you won't do some things on a regular basis, it is good to be thinking about all the things possible. That way when you have the time to do a Pleasant Activity but are not sure of your options, you will have a big list of things to choose from!

Write down activities you enjoy doing by yourself or with other adults.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Also think about activities that you enjoy doing with your baby, or that you will enjoy doing with your baby when s/he is born. Write them down here.

- |                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
|  | 1. _____ |
|                                                                                       | 2. _____ |
|                                                                                       | 3. _____ |
|                                                                                       | 4. _____ |
|                                                                                       | 5. _____ |

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## TOPIC 2: OVERCOMING CHALLENGES TO DOING PLEASANT ACTIVITIES (10 MINS)

Open the Participant Workbook to Worksheet 3.1



When we experience challenges, including challenges to doing pleasant activities, we may need to problem solve to remove or overcome these challenges. Otherwise, we probably won't end up doing the things we want or need to do. There are clear steps for problem solving.

1. You must be able to name (identify) the challenge.
2. Then you can think through all the possible solutions (brainstorming). It may help to write down all of your ideas without thinking too much about whether they are good or bad, just to get them all down on the page. You can use Worksheet 3.1 to practice organizing your thoughts.
3. Sort through the solutions you have thought of and choose the best one, or a combination of solutions. Choose what is best *for you* - the same solution will not work for everyone.
4. Finally, make a plan to try it out and find out how well it seems to work. If it doesn't work, go back and choose something else to try out!

Guide participant through an example to overcome a challenge, using the personal commitment worksheet and/or calendar (Worksheets 3.2 & 3.3)



Let's now take a few minutes and work on scheduling a time for you to do a Pleasant Activity. Choose an activity you would like to do and also pick the specific day and time for the activity. Worksheets 3.2 and 3.3 can help you commit to your goal and find a day you will stick with. As you are scheduling this activity think about the challenges that might get in the way of completing this Pleasant Activity. Then use the steps above to overcome those challenges.

**Facilitator Tip: Check in with the participant about the mindfulness practices, and make the connection between doing pleasant activities, mindfully. Make suggestions for using a mindful approach, such as:**

- when she does her pleasant activity, to put away the phone
- focus completely on the pleasant activity
- give herself permission to let go of other thoughts and worries
- allow herself to slow down and just enjoy the moment

### Key Points



- These four steps can help with overcoming challenges to doing Pleasant Activities
  1. Identify the challenge
  2. Brainstorm solutions
  3. Choose your best option
  4. Make a plan
- You can improve the likelihood of completing a Pleasant Activity by putting it on a calendar and scheduling it in a way that avoids possible challenges

**WORKSHEET 3.1:  
OVERCOMING CHALLENGES**


Sometimes even after we decide to do something pleasant, our plans still fall through. We run into a challenge, and we don't do the pleasant activity that we meant to.

- Try to think of some possible challenges and possible solutions to overcome them (sometimes the biggest challenges are our own thoughts).

What is keeping me from doing pleasant activities? (Challenges)	How can I overcome these challenges? (Solutions)

**STEPS FOR OVERCOMING CHALLENGES:**

1. Identify the challenge
2. Think about all the possible options
3. Pick the option that's best for you
4. Try the option and see how it works



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**WORKSHEET 3.3:  
PERSONAL COMMITMENT CALENDAR**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Night	Night	Night	Night	Night	Night	Night

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### TOPIC 3: HOW DO BABIES LEARN AND WHAT DO BABIES LIKE TO DO? (5 MINS)

Open the Participant Workbook to Worksheet 3.4



In the same way that pleasant activities can boost your mood, your baby will benefit from doing pleasant activities. Babies can do Pleasant Activities on their own, with other babies, and with their parents or other adults. Babies learn by playing and interacting with the adults in their lives. Through play and social interaction, they try new things and get exposure to new ideas.

I want to take this time to watch a short video with you about how experiences are what make babies' brains grow, affecting both their physical and emotional development.

Click on the “Brain Building Basics” video link on the First 5 California web page (<https://www.first5california.com/en-us/videos/brain-building-basics/>)

**Facilitator Tip: If it isn't possible to watch the video with your participant during this visit, you can still communicate the main points that 1) parents are their babies' first teachers and 2) it is important for parents to engage in pleasant activities because babies learn from their parents.**



It is important to remember that in the first year of your baby's life, they will change very quickly which means that the Pleasant Activities they like to do will also change. The activities your baby likes will also change as they grow. Worksheet 3.5 has a list of activities that babies like to do at different ages.

Use Worksheet 3.5 to get the participant thinking about the kinds of Pleasant Activities she can do with her baby, even if she is still pregnant. Read through the different stages together with the participant, emphasizing that when babies are very young and have limited motor abilities, they mostly love touch and the sound of their mother's voice. Then as they get older, they become more active and interested in things around them and enjoy the challenges of moving around, sitting, and eventually standing up, walking, and running.

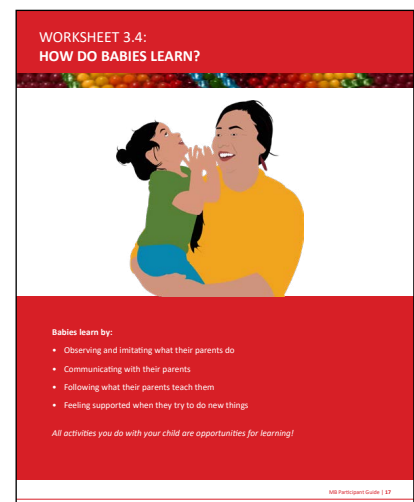
- Your baby's age affects whether s/he is likely to enjoy certain activities. As babies develop, different activities will become pleasurable to them.
- Your baby's temperament at the start of an activity will also affect whether s/he enjoys it. Pay close attention to cues about which activities your baby finds pleasurable and to understand how your baby learns best. All babies are different!
- Doing pleasant activities with your baby will not only promote their physical and emotional growth but also strengthen the bond between you and your baby.

**Facilitator Tip: These points may be obvious to participants who already have children. To discuss child development more naturally, you may want to encourage moms to think about what their other child(ren) liked to do as babies at different ages. For first-time moms, you can ask them to try to remember what their younger siblings, cousins, nieces and nephews liked to do as babies.**

#### Key Points



- Babies can also benefit from Pleasant Activities; they learn by playing and interacting with adults
- Babies enjoy doing some activities alone, with their moms and with other babies and people
- You can start planning pleasant activities to do with your baby before they are born
- Doing activities together with children will support their physical and emotional growth and also strengthen the mother-baby relationship





## TOPIC 4: MINDFULNESS PRACTICE: WALKING MEDITATION (5 MINS)

Open the Participant Workbook to Worksheet 3.6



The same way you practiced paying attention to your breathing, and all of the sensations in the body, walking meditation provides an opportunity to bring our awareness to all of our senses.

Walking meditation can be done indoors or outside, bringing awareness to the everyday activity of walking. You begin by bringing awareness to your feet, and the physical sensation of your feet touching the ground. Then, one by one, you bring your awareness to each of your senses: sight, sound, taste, feel, and smell. Try saying a helpful phrase to yourself, aloud or in your head.

Worksheet 3.6 provides some examples and guidance on how to practice walking meditation.

### MINDFULNESS TIPS

- Before starting your pleasant activity, take a few moments to breathe and check in with yourself.
- Bring your attention to your pleasant activity, and allow yourself to let go of other thoughts and worries.
- Give yourself permission to fully enjoy the moment.
- Be curious about the experience, even if it's something you've done many times before.

### Key Points



- Practicing mindfulness when we are doing pleasant activities can help to more fully enjoy the experience
- Walking meditation can be done in any setting, indoors or outdoors

**WORKSHEET 3.6: MINDFULNESS PRACTICE  
WALKING MEDITATION**

Find a place where you can walk 10 paces or go outside for a walk.

Before you begin walking, take a deep breath and relax your body. Let your arms hang loosely at your sides or clasp your hands in front or behind you (whichever is most comfortable). Soften your gaze (not at any fixed point). Then begin to walk, slowly. Bring your awareness first to your feet...

**GROUND**

Bring your awareness to the sensations of your feet and legs, starting with the soles of your feet, as each heel touches the ground, then the base of the foot, then the toes, and then as they lift. You can actually say to yourself, "heel, foot, toes, lift!" This is a way to connect the action of walking in the present moment.

**COME TO YOUR SENSES**

Walk slightly slower and begin to open your awareness to all your senses, one by one: sight, sound, taste, feeling, smell. See what is around you, listen to the sounds, taste the air or whatever is in your mouth, feel the warmth, coolness or breeze on your cheeks, smell the air. Then stop for a moment and see if you can take in all the senses.

**SAY A HELPFUL PHRASE**

Recite some sayings while taking a few steps. For example, take a few steps and, during an in-breath, say to yourself, "Breathing in, I have arrived, breathing out, I am home." Or, "Breathing in, I calm my body, breathing out, I relax." Or make up your own sayings.

Adapted from Barsky, N. (2002). Mindful Dharma. New York, NY: HarperCollins Publishers.

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## PERSONAL PROJECT: Quick Mood Scale, Pleasant Activity, and Walking Meditation (Worksheet 3.7)



1. Do at least one pleasant activity this week. Remember, it can be something simple. You can use Worksheets 3.2 and 3.3 to help you schedule and commit to doing your pleasant activity.
2. Complete the Quick Mood Scale using Worksheet 3.7. This time, in addition to rating your mood each day, also note of the number of pleasant activities you did each day, to help you notice any patterns.
3. Try the walking meditation at least once on your own.

**WORKSHEET 3.7:  
QUICK MOOD SCALE & PLEASANT ACTIVITIES**

• Every night before going to bed, circle the number 1-9 that best represents your mood.

• At the bottom of each column you will find a space where you can note how many pleasant activities you do each day. Is there a relationship between your mood and the number of pleasant activities?

DATE:	MON	TUE	WED	THU	FRI	SAT	SUN
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

Number of pleasant activities: \_\_\_\_\_

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# Session 4

**Objective:** Discuss how helpful and unhelpful thoughts can affect one's mood.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)



What did you notice as you tracked your mood and pleasant activities since our last session? Also, were you able to do the pleasant activity that you scheduled?

*Discuss 1-2 pleasant activities your participant did and encourage her to think about how she was feeling before, during, and after. If she did not complete the Quick Mood Scale, emphasize how tracking one's mood will help her notice what activities improve her mood. Then help her recall her mood and activities over the past few days using any of the following questions:*



- How did it go in doing the pleasant activity that you scheduled? Were there any obstacles you had to overcome?
- Did you try the Walking Meditation? How was it?
- What do you remember from a day when you did a pleasant activity? Did it affect your mood in any way?
- Did you notice any relationships between pleasant activities and your mood?

**WORKSHEET 3.7:  
QUICK MOOD SCALE & PLEASANT ACTIVITIES**

• Every night before going to bed, circle the number 1-9 that best represents your mood

• At the bottom of each column you will find a space where you can note how many pleasant activities you do each day. Is there a relationship between your mood and the number of pleasant activities?

DATE:	MON	TUE	WED	THU	FRI	SAT	SUN
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

Number of PLEASANT Activities: \_\_\_\_\_

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**Facilitator Tip:** Be sure to emphasize the connection between one's daily mood rating and the number of pleasant activities a participant did during a day.

## TOPIC 2: DEFINING THOUGHTS AND HOW THOUGHTS AFFECT OUR MOOD (5-10 MINS)

Open the Participant Workbook to Worksheet 4.1



In the same way that Pleasant Activities can affect our mood, so can our Thoughts. They can affect our mood in both positive and negative ways.

We define Thoughts as "ideas, plans, pictures, or opinions that are formed in your mind".

We can divide our thoughts into two categories: helpful thoughts and unhelpful thoughts. Helpful thoughts make us feel happy, positive, energized, hopeful, or generally in a better mood. Unhelpful thoughts make us feel sad, worried, tired, anxious, or generally in a worse mood.

### Key Points



- Thoughts are ideas, plans, pictures or opinions in our mind
- Thoughts can affect our mood in both positive and negative ways
- Thoughts can be helpful or unhelpful
- We can change our thoughts, but must be able to notice them to do so



It is important to remember that it is possible to change the way we think. The first thing we need to do is to notice our thoughts. If we are more aware of our thoughts we can then figure out ways to use them to achieve a healthier mood.

Let's take a look at another situation with Dawn and Sunset and this time let's focus on their thoughts.

*Open Participant Workbook to Worksheet 4.2*

Dawn and Sunset have both recently given birth, but now that their babies are born, they are not sleeping very well. Both babies have colic, and they cry for almost 2 hours before they go to sleep at night. Their babies' colic is a real problem. This is part of Dawn's and Sunset's outer reality. In the beginning their mood is at a 3 (on the mood scale) because they are tired. But Dawn and Sunset have different thoughts in response to their colicky baby.

*Together with the participant, read through both Dawn's and Sunset's stories from top to bottom. Discuss how Dawn's and Sunset's experience the same outer reality but how their different thoughts (inner reality) affect their moods, and their interactions with their babies.*



- How would you rate Dawn's mood in each frame? And Sunset's? What caused their moods to change and to differ in the last frame?
- How do you think their thoughts affect how they interact with their babies?
- In the same way that pleasant activities link together do you see how Dawn's and Sunset's thoughts might link or chain together?

**WORKSHEET 4.1:  
WHAT ARE THOUGHTS?**






- Thoughts are "ideas, plans, pictures, or opinions that are formed in your mind"
- Our thoughts almost always affect our mood
- Our thoughts can be helpful or unhelpful. Helpful thoughts make us feel more positive about our lives - they give us energy and hope. Unhelpful thoughts can make us feel depressed or tired.
- If we can become aware of the many types of thoughts we have, we can learn to use them to achieve a healthier mood.

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**WORKSHEET 4.2:  
DAWN AND SUNSET'S DAYS**

INSTRUCTIONS:  
Dawn (Anso) and Sunset (Mimohyo) both recently gave birth, but now that their babies are born they are not sleeping well. Circle the number on each panel that represents what kind of mood you think each of them is having.

	DAWN'S DAY	SUNSET'S DAY
9		
8		
7		

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## TOPIC 3: NOTICING HELPFUL AND UNHELPFUL THOUGHTS (5-10 MINS)

*Open the Participant Workbook to Worksheet 4.3*



As we mentioned before looking at the Dawn and Sunset story, to change the way our thoughts affect our mood, we have to start paying attention to the thoughts we are having. To do that, mindfulness activities can be really helpful. One of these mindfulness activities is called "Leaves on a Stream." The goal is to begin seeing thoughts as words and images that come and go, rather than as "the truth." Looking at unhelpful thoughts this way can make it easier to let go of painful thoughts or to challenge thoughts that could bring your mood down. We'll talk more about how to challenge thoughts in a bit but first let's try this exercise to practice letting go of unhelpful thoughts.

### Key Points



- Thoughts are not facts: You can have a thought without it being true, and you do not have to react or judge yourself for the thoughts you have
- You have some control over your thoughts
- Taking notice of your thoughts and just observing them can help you manage them

## TOPIC 4: MINDFULNESS PRACTICE: LEAVES ON A STREAM (5 MINS)



Read the “Leaves on a Stream” instructions from Worksheet 4.3 to the participant. Discuss any reactions your participant had to the imagery of the stream and leaves. You may want to note whether she notices a tendency to get stuck on certain thoughts or can easily let go of them. Respond to whatever experience she had with acceptance and emphasize that this gets easier with practice.

- How did this mindfulness exercise make you feel overall?
- Did you have mostly unhelpful thoughts, mostly helpful thoughts, or a mix?
- Were you able to let go of unhelpful thoughts?
- How did it feel to imagine putting your thoughts on leaves?



If you found this activity helpful or relaxing at all, I would encourage you to do it on your own. There are also mindfulness apps that have guided meditations if you would like to try using other imagery to manage your thoughts.

Open the Participant Workbook to Worksheet 4.4



The mindfulness activity you did hopefully helped you to identify some thoughts you have. Let’s take a couple of minutes and on Worksheet 4.4 write down any helpful or unhelpful thoughts you have. These could be about anything--you as a mother, partner, co-worker, etc.

- ‘I don’t know if I can afford another child.’
- ‘My body hurts, I don’t want to be pregnant anymore.’
- ‘I am really looking forward to seeing my baby for the first time.’
- ‘I am going to be a great parent.’

You’ll notice that some of these examples are helpful thoughts while others are unhelpful.

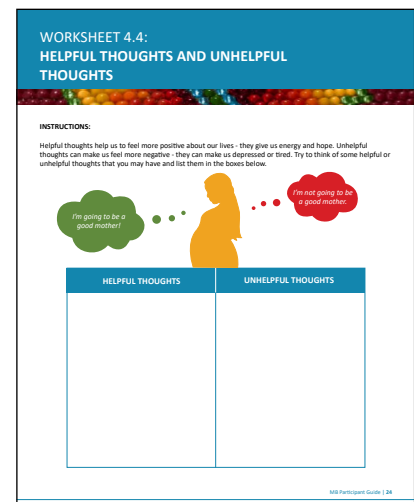
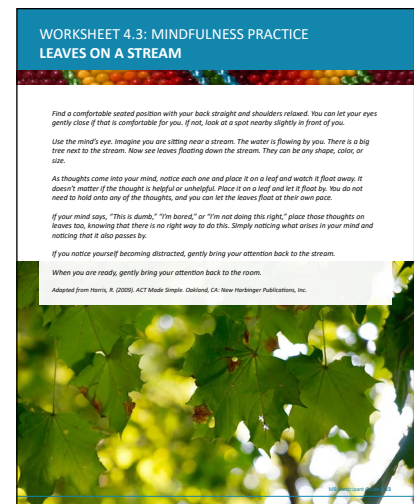
Have you had any thoughts like these? What thoughts have you had about becoming a mother?

### MINDFULNESS TIPS

- Spend 5 to 10 minutes each day practicing mindfulness, like last week.
- When is it working for you to practice?
- If morning was challenging last time, perhaps try a different time of day.

Direct participant to Worksheet 4.4 to begin keeping track of her helpful and unhelpful thoughts.

**Facilitator Tip:** It may be helpful for you to start this conversation by mentioning one helpful and one unhelpful thought you have. By mentioning an unhelpful thought, it also normalizes the notion that everyone can have unhelpful thoughts.





## PERSONAL PROJECT: Keeping Track of Your Thoughts (Worksheet 4.4)




### Instructions:

1. Try to keep track of any helpful and unhelpful thoughts you have, specifically thoughts you have about your pregnancy or being a mother. You can continue using the list we started in Worksheet 4.4. Try setting a daily reminder to write down thoughts you are having.
2. Try a mindfulness practice this week that can help you notice your thoughts and let them go, such as “Leaves on a Stream” (Worksheet 4.3).

**WORKSHEET 4.4:**  
**HELPFUL THOUGHTS AND UNHELPFUL THOUGHTS**

**INSTRUCTIONS:**  
Helpful thoughts help us to feel more positive about our lives - they give us energy and hope. Unhelpful thoughts can make us feel more negative - they can make us depressed or tired. Try to think of some helpful or unhelpful thoughts that you may have and list them in the boxes below.



HELPFUL THOUGHTS	UNHELPFUL THOUGHTS

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# Session 5

**Objective:** Identify patterns in the participant’s own thoughts and learn strategies to manage unhelpful thoughts.

## TOPIC 1: PERSONAL PROJECT REVIEW: (5 MINS)



What type of helpful or unhelpful thoughts did you notice since our last session? Did you notice having any thoughts more than once?

Did you try a mindfulness practice? How did that go for you? What do you like about the mindfulness practices you have tried so far?

**Facilitator Tip:** Reiterate that there is no “wrong” way to do or think or feel about mindfulness activities when doing them. Also probe about whether any thoughts came up when doing their personal projects that surprised them or they think they might want to discuss.

## TOPIC 2: UNHELPFUL THOUGHT PATTERNS AND WAYS TO STOP THEM FROM AFFECTING YOUR MOOD (10 MINS)



Now that we know that thoughts can be helpful or unhelpful, it is important to understand when you are having unhelpful thoughts. Another way to think about unhelpful thoughts is that they are inaccurate thoughts. When we have unhelpful or inaccurate thoughts, this can lead us to having a worse mood.

Let’s talk about four very common types of unhelpful or inaccurate thoughts that people have. Not everyone has all of these thought patterns, but it is important for you to try to identify which of them you might have so that you can stop them from negatively affecting your mood.

As we describe each of these four thought patterns we are also going to talk about how you might reframe or challenge those unhelpful thoughts so they don’t negatively affect your mood.

*Open the Participant Workbook to Worksheet 5.1*

- **All or Nothing Thinking.** This refers to thinking in extremes. In other words, everything is either black or white and there is no shades of grey in the middle. Another way of thinking about this unhelpful thought pattern is that things are all good or all bad. For example, if you were applying for a job and didn’t get hired you might say “I’m a failure”. Instead of thinking of yourself as being a failure, remember that there are many other things in your life where you may have had success—for example, as a friend, a parent, a neighbor, etc.

### Key Points



- Everyone has unhelpful, or inaccurate, thoughts and it is important to understand which ones you have so that they don’t lead to a worse mood
- There are four common unhelpful thought patterns people have—All or Nothing Thinking, Overgeneralization, Blaming Oneself, and Negative Fortune Telling
- There are ways to keep each of these unhelpful thought patterns from negatively affecting our mood


- **Overgeneralization.** This refers to taking one single activity or event and seeing it as the only piece of evidence to reach a conclusion. Using the same example as before, maybe the reason you didn't get the job you applied for is because you didn't do very well at a job interview. Instead of brushing this off as one bad experience and trying again, someone who overgeneralizes will think that they are terrible at interviewing and will never get a job offer.

- **Blaming oneself.** It isn't uncommon for people—moms especially—to think that anytime something bad happens it is their fault. This is what we refer to as “blaming oneself”. Two helpful things to ask yourself are “Could this have happened to someone else?” and “Do bad things only happen to me?” Asking these questions of yourself will allow you to be kinder and more forgiving to yourself. For example, if your baby falls down and skins their knee, remember this is something that happens to all parents! Remember that parents are also learning alongside their babies.

- **Negative fortune-telling.** At times, you might think that you can see all the possible ways something could go and no matter what you do things will turn out badly. Other people may believe that when some small incident happens it will lead to negative things happening in the future. For example, you may make a small mistake at work and be convinced that your boss will be angry and that you will lose your job. When someone takes one event and has inaccurate thoughts that it will lead to future negative events this is what we call “negative fortune telling”. It is important to consider what you are basing your judgment on—are there actually facts that support that something will turn out negative in the future?

**Facilitator Tip: Encourage participants to think about themselves or someone else.**

WORKSHEET 5.1:  
UNHELPFUL THOUGHT PATTERNS AND  
CHALLENGING THEM

UNHELPFUL THOUGHT PATTERN	CHALLENGING YOUR UNHELPFUL THOUGHT PATTERNS
<b>All or Nothing Thinking:</b> Thinking in extremes. For example, all good or all bad, the best or the worst, perfect or failure.	<ul style="list-style-type: none"> <li>What's in the middle?</li> <li>Are there more shades of gray?</li> </ul> 
<b>Overgeneralization:</b> Taking one negative characteristic or event and seeing it as a never-ending pattern. For example, someone betrayed me so I don't trust anyone. I couldn't do this one thing so I can't do anything.	<ul style="list-style-type: none"> <li>Am I assuming that every situation and every person are the same?</li> <li>This is just one situation, one person</li> <li>Can I remember other situations and people that were different?</li> </ul>
<b>Blaming Oneself:</b> Thinking that when negative things happen they are always your fault	<ul style="list-style-type: none"> <li>Am I to blame for everything that turns out badly?</li> <li>Do only bad things happen to me?</li> <li>Remember the good that has happened and all that I have achieved.</li> </ul>
<b>Negative Fortune Telling:</b> Thinking that you can see how things will be in the future and that they are sure to turn out badly.	<ul style="list-style-type: none"> <li>Can I really predict the future?</li> <li>Why not find out how it will turn out rather than just imagine the worst?</li> </ul>

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### TOPIC 3: OTHER WAYS TO CHANGE UNHELPFUL THOUGHTS (10 MIN)



We just talked about some common unhelpful, or inaccurate, thought patterns and how you might be able to reframe them in healthier ways. There are a few other strategies that many people find helpful when they have unhelpful thoughts. We are going to talk about them for the next few minutes.

*Open Participant Workbook to Worksheet 5.2*

- **Thought Interruption.** Thought interruption is basically trying to “break” or “stop” a negative thought from continuing. One way to think about this is that you are holding up a big “STOP” sign to keep that negative thought from spreading. This will help your brain switch gears and think about something else—hopefully a more helpful thought. The tricky part with Thought Interruption is that you first need to be good at catching yourself having the unhelpful or inaccurate thought, which is why we talked earlier about common types of unhelpful thoughts.

#### Key Points



- You can challenge and even change Unhelpful thoughts; it helps to recognize patterns in your own thinking
- Thought Interruption, Talking Back, Worry Time, and Time Projection are additional skills for reframing unhelpful thought patterns

- **Talking Back.** Talking back is similar to Thought Interruption in that it can be helpful to figure out a way to stop an unhelpful thought from spreading and ruining your mood. With this strategy of “Talking Back”, you can talk directly to the unhelpful thought you are having. For example, if you catch yourself blaming yourself for something or overgeneralizing, you can say “There is that negative thought again”. It is basically a way for you to give yourself helpful directions. Some people will even talk back to their negative thoughts out loud which is okay—it doesn’t mean you are strange or crazy if you talk back to your unhelpful thoughts out loud!
- **Worry Time.** Everybody has stress in their life, but it is important that this stress does not take over our mood for the entire day. Worry Time is a strategy where you try to limit the time you are spending thinking about the stressful things in your life to a smaller part of the day. For some people who worry and are stressed all day, maybe you can move from being worried and stressed all day to trying to give yourself a few minutes or an hour where you aren’t thinking about the stressful things in your life. For other people, you may be able to limit your Worry Time to only a few minutes a day. The important thing to remember is that if you are able to limit the amount of time you are worried or anxious about the stressful things in your life, you will have more time to engage in pleasant activities and be able to serve as your child’s first teacher.
- **Time Projection.** Time Projection is imagining a time in the future when things will be better. Sometimes when we get sad or depressed, it seems that things will always be as bad as they are at that moment. It is important to imagine a time in the future when some of your current problems will be in the past.

We talked a lot today about different types of unhelpful thoughts and ways for dealing with them. Remember, everyone has different types of unhelpful thoughts. Also, not all of the strategies we gave you might work for you. It is important to practice using some of the strategies we talked about today so that you start to figure out which of them might work for you in preventing unhelpful thoughts from negatively impacting your mood.

**WORKSHEET 5.2:  
WAYS TO CHANGE UNHELPFUL THOUGHTS**

• There are a number of strategies for changing unhelpful thoughts. Let's focus on four specific strategies.  
• These strategies are important because they are tools you can use when you feel stuck or overwhelmed with unhelpful thoughts. They can help you take some control over the thoughts and help you change the way you are thinking, to improve your mood and reduce your stress.

STRATEGY	DESCRIPTION	EXAMPLE
Thought Interruption	<ul style="list-style-type: none"> <li>• Tell your mind to STOP thinking the unhelpful thought</li> <li>• It's like holding up a big STOP sign in your mind</li> <li>• The trick is that first you need to notice yourself having the unhelpful thought</li> </ul>	<p>"I'm a bad mother." When you catch yourself thinking you are a bad mother, instead of getting caught up in all the reasons why you think you are being a bad mother, just think, "There's that unhelpful thought again. I've had that thought before and I know it is an unhelpful thought. I'm going to STOP thinking that now."</p> <p>Sometimes it works to think a more helpful thought instead, like "I'm not a bad mother. I'm just feeling really overwhelmed right now, and I need to try to balance my stress."</p>
Talking Back	<ul style="list-style-type: none"> <li>• Talking back encourages you to talk to yourself and give yourself helpful instructions or directions that challenge the unhelpful thought you are having</li> </ul>	<p>When you catch yourself having an unhelpful thought, try telling yourself that you are going to raise your baby with a lot of love or that you are going to try to be the best parent possible. Saying things to ourselves is almost like being a good parent to ourselves.</p>

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## PERSONAL PROJECT: Practice Strategies to Stop Unhelpful Thoughts (Worksheet 5.3)



1. We talked about four strategies to manage unhelpful thoughts. This week, when you notice unhelpful thoughts, try using two of the strategies we talked about and note whether or not they were useful so we can discuss your experiences using the strategies.
2. Mindfulness tip: Since you are already familiar with the Leaves on a Stream Activity, one self-instruction could be to take a moment to practice this or another mindfulness activity when you are having an unhelpful thought.

**WORKSHEET 5.3:  
STOPPING UNHELPFUL THOUGHTS**

What was the unhelpful thought?	
What strategy did you use to try to stop the unhelpful thought?	
How effective was the strategy?	
What was the unhelpful thought?	
What strategy did you use to try to stop the unhelpful thought?	
How effective was the strategy?	

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# Session 6

**Objective:** Discuss how babies learn healthy thought patterns from their parents. Discuss goal-setting for the future, thinking about the relationship the participant wants to have with her child.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)



Did you have any unhelpful thoughts since last time? Did any of the strategies we talked about help you manage those unhelpful thoughts so they didn't affect your mood in a negative way? What seemed to work or not work?

**Facilitator Tip:** Note if any of the unhelpful thoughts she had were related to being a mother, and the successful/ unsuccessful strategies she used, if any, to challenge them.

## TOPIC 2: PROMOTING YOUR CHILD'S HEALTHY THINKING (5 MINS)

Open the Participant Workbook to Worksheet 6.1



Our thought patterns are not random. They are and have been shaped by the people and experiences we have had in our lives, starting when we were very young. As children, we learned to think in certain ways by hearing the words that the people around us used, and by experiencing how our parents, family members, and others treated us. Let's read through Worksheet 6.1 together.

As parents, we have the opportunity to teach our children to think in certain ways, including different ways than we were taught. What are some thoughts you would like your child to have?

**Facilitator Tip:** Offer some of the following probes if your participant is having a hard time coming up with ideas.



- My mom takes good care of me
- My mom will love me no matter what
- I am smart
- I am safe

If we want to shape our children's thought patterns, we may need to make changes to our own ways of thinking first so we can model healthy thinking. Again, remember that you are your child's first teacher and your child's early experiences, including the words you say, will greatly impact the thoughts she has about herself.

### Key Points



- Children learn to think certain ways based on experiences they have, most importantly, what they hear and experience from their parents
- We may need to change our ways of thinking to allow our children to have healthy ways of thinking

#### WORKSHEET 6.1: THOUGHTS ABOUT BEING A MOTHER



I am now a mother...  
I have so many things to  
teach my little one.

- Your thoughts have been shaped by the people and experiences in your life.
- The people and experiences in your baby's life will also shape the way he/she thinks.
- Remember that learning to think is like learning to talk. Babies learn to think and talk by observing how their mothers think and talk.
- If the baby is raised listening to words of affection, the baby will learn to be affectionate.
- Your baby learns from you. Remember, you are his/her first teacher!
- You can teach your baby to think in such a way that he/she would feel good about himself or herself and about you.
- As a mother, you can be an example for your baby. You can help him/her "shape" his/her thoughts so that he/she develops a healthy inner reality.

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### TOPIC 3: GOALS FOR MY BABY'S FUTURE (10 MINS)



We have been talking about the kinds of thoughts we have and how they can affect our mood. It is also the case that your thoughts can affect your future. *How might your thoughts affect your future?* Because your thoughts affect your future, it is useful to think about what you want the future to look like. That can help you plan for what you need to do to achieve those future goals.

We are going to do a “visualization exercise” to help you think about and plan for the future you would like for your baby.

*Open the Participant Workbook to Worksheet 6.2 and lead the visualization exercise.*

*Ask each of the following questions and provide about a minute for your participant to visualize her answers.*



First, get in a comfortable position and take a few deep breaths.

- Think about the life you want for your baby 4 years in the future
- How old will your child be?
- What do you see them doing?
- Does he/she enjoy school?
- Who are the people in their life?
- What are some of the things that you want for your baby?
- What are some of the things that you do NOT want for your baby?

Now in closing, spend a few moments imagining your baby being healthy, living a happy life.

*After asking the questions, have the participant come out of the visualization activity and ask her to write down at least one of her “wants” and “don’t wants” on the left-hand side of WORKSHEET 6.2.*



What were your thoughts about what you want for your baby’s future? Did you have any thoughts about anything you did NOT want? Are there any roadblocks that would prevent you from having the life you imagined for your child?

Are there things that you can do now, or need to avoid doing now, related to the things that you want or don’t want for your child?

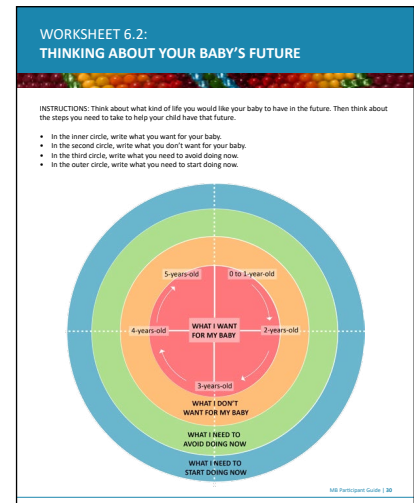
From this activity, it’s clear that as a mother, you want the best for your child. You have time to make these things happen, but it’s good to begin planning now to help make sure you reach these goals.

**Facilitator Tip:** When thinking about the time frame for the activity, it is okay to choose a time frame that is only a few weeks or months in the future because it still allows the participant to visualize her future.

#### Key Points



- Your thoughts can affect your future and your baby’s future
- Planning for your baby’s future is an important step toward realizing it
- Visualizing can help you plan for your baby’s future



## TOPIC 4: THE RELATIONSHIP BETWEEN YOUR MOOD, THOUGHTS AND YOUR FUTURE (5 MINS)

Open the Participant Workbook to Worksheet 6.3



Now that you have thought about your child's future, I'd like you to spend some time thinking about your own goals for the future. First, get in a comfortable position and take a few deep breaths.

Ask each of the following questions and provide a couple of minutes for your participant to visualize her answers.

Ask each question below. Provide a couple minutes for participants to visualize their answers:

Now, I want you to look into the future:

- What do you see yourself doing in the future?
- What kind of life do you want to have for yourself?
- What do you NOT want for yourself?

End this topic by summarizing that the thoughts the participant has can affect the behaviors she takes part in -- both for herself and her baby. Reinforce the connection between thoughts and behaviors--specifically, if someone has unhelpful thoughts about the future, they may be less likely to take part in behaviors that will lead to future happiness for both themselves and their children.

### Key Points



- Along with planning for your child's future it is also helpful to visualize what you want your future to look like

**WORKSHEET 6.3:**  
**TOKATAKIYA ETUNWAN**  
**(LOOKING TOWARD THE FUTURE)**

**INSTRUCTIONS:** Think about what kind of life you would like to have in the future, (for example, 4 years from now) and what kinds of things you want and don't want for yourself. Then think about the steps you need to take now to have the life you really want.

**EXAMPLE:**

"I want to have my own home"      "I will connect with housing resources in my community"

**MY FUTURE**

What I want:		What I need to do now:	
Short Term:		Short Term:	
Long Term:		Long Term:	
What I don't want:		What I need to avoid doing now:	
Short Term:		Short Term:	
Long Term:		Long Term:	

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## PERSONAL PROJECT: Quick Mood Scale and Noticing Your Thoughts (Worksheet 6.4)



### Instructions:

1. Complete the Quick Mood Scale this week, and also note how many helpful or unhelpful thoughts you notice.
2. Try a mindfulness practice like *Leaves on a Stream* or *Sounds & Thoughts*. Notice any thoughts you have about the future during your mindfulness practices.

**WORKSHEET 6.4**  
**QUICK MOOD SCALE & THOUGHTS**

• Every night before going to bed, circle the number 1-9 that best represents your mood.

• At the bottom of each column you will find a space where you can note how many helpful and unhelpful thoughts you have each day. There is a relationship between how many helpful and unhelpful thoughts you have and your mood?

DATE:	MON	TUE	WED	THU	FRI	SAT	SUN
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1

Number of HELPFUL thoughts: \_\_\_\_\_

Number of UNHELPFUL thoughts: \_\_\_\_\_

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# Session 7

**Objective:** Identify the relationship between the participant's mood and her interactions with other people.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)



During the last session, we talked about your thoughts about the future. Did you notice any thoughts during your mindfulness practices? When you were tracking your mood, did you notice any connections between your mood and helpful or unhelpful thoughts?

## TOPIC 2: THE RELATIONSHIP BETWEEN MOOD AND INTERACTIONS WITH OTHERS (15 MINS)

Open the Participant Workbook to Worksheet 7.1



In these final sessions we will discuss your social support network and interactions with other people. Today, we will focus on how our relationships and interactions with other people affect our mood.



What kind of interactions do you have with people when you are feeling down or stressed?

Use examples from the participant's own life to show that when people are feeling down or stressed, they may:

- Have less contact with others, avoid other people
- Feel more uncomfortable or irritable around people
- Become less talkative or speak quietly
- Be more sensitive to being ignored, criticized or rejected
- Trust others less

Emphasize that everybody will have different types of interactions with others when they are stressed.



Many people tend to have less contact with others when they are feeling down. How do you think having less contact with others might affect your mood?

Use these as examples if the participant has difficulty with the question:

- Feel alone
- Feel sad
- Feel angry
- Feel like no one cares
- Become more depressed

### Key Points



- The relationship between mood and interactions with others goes both ways:
  - a negative mood can cause people to have fewer social interactions with others
  - being less sociable can often cause a negative mood

**WORKSHEET 7.1:**  
**RELATIONSHIP BETWEEN MOOD & CONTACT WITH OTHERS**

• What kind of interactions do you have with people when you are feeling down or stressed?  
• How do you think having less contact with others might effect your mood?

<b>When we are feeling down we usually:</b> <ul style="list-style-type: none"><li>• Have less contact with others, and we avoid them</li><li>• Have lower tolerance, feel more irritable</li><li>• Act quieter and are less talkative</li><li>• Become more sensitive, others' behavior affects us more</li><li>• Trust others less</li></ul>	<p>Negative mood → Fewer positive contacts with others → Negative mood</p>	<b>When we have fewer positive contacts with others we usually:</b> <ul style="list-style-type: none"><li>• Feel lonely</li><li>• Feel sad</li><li>• Feel angry</li><li>• Feel like no one cares</li><li>• Feel more depressed</li></ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**OR**

Does a negative mood cause people to be less sociable?  
Does being less sociable cause a negative mood?

The answer is probably both.

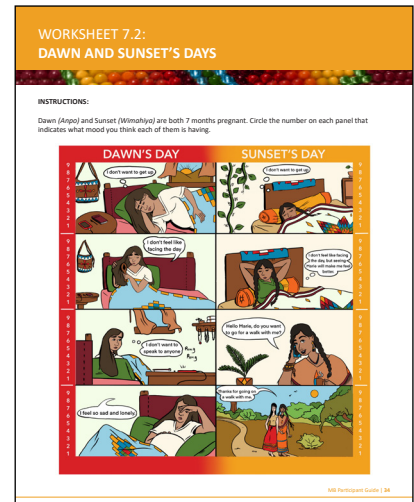
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## Open the Participant Workbook to Worksheet 7.2



Let's take another look at Dawn and Sunset and this time see how contact with other people impacts their mood. This morning, Dawn and Sunset each get a phone call from friends asking them to go for a walk together. Dawn does not answer the phone. She doesn't feel like getting out of bed and stays home. Sunset answers the phone, decides to go out with her friend, and they spend the afternoon together walking, relaxing and talking about their pregnancies.

Use the prompts below to reflect on how Dawn and Sunset make different choices about having contact with other people. Highlight the relationship between contact with others and mood, specifically, that being down can lead to fewer contacts with other people, which can lead to an even worse mood. Remind the participant that both Dawn and Sunset start at a "4" on the Quick Mood Scale.



- How would you rate Dawn's mood at the end of the story? How do you think her contact with other people affected how she felt?
- How would you rate Sunset's mood at the end of the story? How do you think her contact with others affected how she felt?
- Can you relate to either of these experiences?

The relationship between our mood and contacts with others is connected. When we have more positive contacts (like Sunset) our mood is usually better. On the other hand, when we have fewer positive contacts (like Dawn) our mood is often not as good. It is also true that sometimes we get caught in a vicious cycle where having fewer positive contacts or more negative contacts leads to a worse mood, and then our worse mood can affect the kinds of interactions we have with people. That seems to be true with Dawn.

An important thing to remember is that not all contacts with other people are the same. We can have both positive interactions and negative interactions. Positive interactions - like the ones you saw with Sunset - are enjoyable and can positively affect your mood. On the other hand, we may also have negative interactions which negatively affect our mood. Sometimes the same person can have both positive and negative effects on your mood. This is common with family members. Perhaps you can think of some examples of positive and negative contacts in your life and how they have affected your mood.

Ask the participant to share 1 or 2 examples of positive or negative contacts in her life. Explore whether there have been times when the participant pushed herself to have positive interactions, or pushed herself to reduce negative interactions.



It is important to try to increase the interactions you have with supportive people—this can be in person, by phone, or using social media. The interactions you have are likely to be pleasant activities—for example, getting together with family or talking on the phone with a friend.

It is also important to try to keep yourself from having negative contacts with other people. A good first step is to think about people who put you in a worse mood when you are around them and to the extent possible try to limit your contact with them.

**Facilitator Tip: Acknowledge the challenges to limiting contact with certain negative contacts--like a partner or family member--while also discussing the importance of understanding how contact with those individuals may put the participant in a worse mood.**

## TOPIC 3: MINDFULNESS PRACTICE: WEB OF LIFE EXERCISE WITH LOVING KINDNESS PHRASES (5 MINS)

Open the Participant Workbook to Worksheet 7.3



Some mindfulness activities can help us recognize how we are all connected. Loving kindness is one exercise that can help increase our positive and caring feelings toward ourselves and toward other people.

When you can imagine your contacts with others as happy and peaceful, that can make it easier to reach out to have positive contacts with others and to accept support and everyday kindness from people. Let's try this mindfulness activity together.

As in previous exercises, let your eyes gently close, and we'll begin.

Guide participant through the Sacred Circle of Life Mindfulness Practice (Worksheet 7.3)



What was it like to do that practice?

Who came to mind? How did that feel?


Can you think of situations when this could help you to have more positive, or fewer negative, interactions with people?

### Key Points



- This mindfulness practice can help us have more positive interactions with people
- You can use the whole meditation, parts of the meditation, or just a few helpful phrases

**WORKSHEET 7.3: MINDFULNESS PRACTICE**  
**CANGLESKA WICONI WAKAN (SACRED CIRCLE OF LIFE)**



Begin by checking in. Acknowledge your place in the universe. Reach up to ANPE (W) (Sun). Envision the WICAMP OVIATE (the Star Nation) and UNCI MASA (Grandmother Earth). Remember you are a part of the MAKA SIZOMI (Universe) and were sent from the MAGI (SACRED) (Spirit World) as a blessing to the people and this earth.

Take a few moments to arrive and settle in by bringing your awareness into your mind and body. Acknowledge how you are feeling and let it be.

Gently shift to mindful breathing, being aware of breathing in and out. Just breathe in and out, normally and naturally.

Shift attention to where you are sitting. Begin to feel the connection of your body on the chair, cushion, bed, or mat, and feel its connection to the floor. Reflect on the connection of the floor to the building you are in and its connection to the earth further below.

Let your awareness expand to include the earth below you. Feel that sense of being held by the earth below you, and just allow yourself to be held by the earth. You are in a safe space and you can breathe in and out with ease in your body and mind.

Feel how the earth rises up to hold and embrace you. There is nothing more you need to do, nowhere you have to go, and no one you have to be. Just being held in the heart of kindness and letting be.

Bring to mind someone you would hold this way. Think about other loved ones being held in the same way—with safety and ease of body and mind. Notice how thinking of these loved ones makes you feel, and try to hold onto that feeling for the rest of this exercise.

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## PERSONAL PROJECT: Quick Mood Scale, Contact With Others and Loving Kindness Practice (Worksheet 7.3 and 7.4)



### Instructions:

1. Starting tonight and each night this week, complete the Quick Mood Scale. Also, just as you counted pleasant activities with the Quick Mood Scale previously, please keep track of any positive and/or negative interactions that you have with other people using Worksheet 7.4.
2. Practice saying loving kindness phrases to yourself and your baby. Try saying a loving kindness phrase before interacting with a person who can negatively affect your mood (Worksheet 7.3).

**WORKSHEET 7.4:**  
**QUICK MOOD SCALE & CONTACT WITH PEOPLE**

• Every night before going to bed, circle the number 1-9 that best represents your mood

• At the bottom of each column you will find a space where you can note how many positive and negative contacts you have each day. See if there is a relationship between how you feel and the people you have contact with.

DATE:	MON	TUE	WED	THU	FRI	SAT	SUN
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1
Number of HELPFUL contacts:							
Number of UNHELPFUL contacts:							

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# Session 8

**Objective:** Identify the participant's social support system. Discuss ways to access different supportive people for mother and baby. Discuss how to navigate role changes.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)



During the last session, we talked about your mood and your contact with other people. Since then, were you able to notice any relationship between your mood and your interactions with the people in your life? Did you try any loving-kindness phrases or meditations last week? What did you notice? Did you make any changes like spending more time with some people or less time interacting with others?

## TOPIC 2: THE PEOPLE IN MY LIFE (5-10 MINS)

Open the Participant Workbook to Worksheet 8.1



We talked about the importance of having positive contacts to help you have a better mood. Many of those people are part of your social support system.

By social support system, we mean the people you know and interact with in your life. Your social support system may include family, friends, neighbors, co-workers, and health care providers. Some people may be nearby while some may be located in a different city, state, or country. Sometimes these supportive people might be people you interact with online, like as part of an online support group or online group of people who have an interest in the same thing.

The stronger your support system is, the better you will be able to handle difficult situations, and the better your health and your baby's health will be.



You can think about your social support system falling into four different categories:

- The people closest to you, with whom you share your most private thoughts and feelings.
- The people you can talk to about things going on in your life and things that you need help with, but maybe not about everything.
- The people who you enjoy doing things with even though you may not share a lot of personal information with them.
- The people in your community who are supportive, but you are not necessarily close with. For example, your neighbor might be able to help out in an emergency.

### Key Points



- Your social support system consists of the people closest to you and people in your community
- Support can come from people living nearby, far away, and online contacts
- The stronger your support system is, the better you will be able to handle difficult situations

**WORKSHEET 8.1:**  
**THE PEOPLE IN MY LIFE**

Instructions: Write the names of people who are part of your support system below. Refer to the kinship list on pages 5-7 in the resource guide. Consider:

- Who are you closest to? Who can you share your most private thoughts and feelings with?
- Who are the people you feel you can talk to, but maybe not about everything?
- Who are people who you enjoy doing things with (like going to gym) even if you don't share personal details about your life with them?
- Who are the people in your community who are supportive but you are not necessarily close with?

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The important thing to remember is that all of these people are part of your support system.

Using Worksheet 8.1, please take a couple minutes to think of all the people who make up your social support system. Say or write their names in the circle around you and your baby. I want you to think about ALL the people that CAN provide support to you, NOT just people who CURRENTLY provide support. One of the things we want to do with this activity is to help you think about people who you may be able to call on for support, including some people you may never have called on, since you might need to reach out to new and different people to help you at some point in the future.

**Facilitator Tip:** Provide participant with Appendix F as they are completing Worksheet 8.1. This kinship chart may help them brainstorm supportive people in their life.



**Adaptation tip:** For other tribal cultures, you can replace Appendix F with local tribal kinship terms.

## TOPIC 3: HOW PEOPLE IN MY LIFE SUPPORT ME (5-10 MINS)

Open the Participant Workbook to Worksheet 8.2



We just identified people in your support system. It's important to think about how they currently provide support and whether this support could be expanded. There are four squares on Worksheet 8.2—each one shows a different type of support that a person might provide.

These four types of support are practical, emotional, companionship, and advice. For the people you identified, indicate which type of support they provide you. As you do this exercise, notice that some people may provide only one type of support while others provide more than one type of support. Relying too heavily on one person can put a lot of pressure on that person or come with risks if that person is not available when you need them. Not all people are good at all types of support. This Worksheet can help you see where you have strong support and where you might be able to use more.

*After completing the exercise, discuss where a participant has support and where she would like to add more support. Identify risks of relying too much on one person, and remind participant that there are some people like health care providers, home visitors, etc., who may provide specific types of support.*



- What did you notice about the different people you mentioned for each type of support?
- Were they mainly friends/family/professionals?
- Where was there plenty of support and where was there less?
- Who appear in multiple boxes?



One way to make your social support network stronger is to meet new people, but meeting people isn't always easy, especially when you're feeling stressed or down, or when you are pregnant or have recently given birth and it may be difficult to go out.

### Key Points



- Our social support system can provide different types of support
- Some people might provide more than one type of support while others may only help in a single area
- It is important to try to build a strong network of support so you have multiple people when you need it. One good way to do this is by doing pleasant activities with other people

**WORKSHEET 8.2:**  
**PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME**

**Instructions:**  
Each square below represents a different type of support that people can give you. Think about the people in your life who fit into each square and write their names there. The same person can be written in more than one square.

PRACTICAL SUPPORT	ADVICE OR INFORMATION
Whom will you ask to: • drive you to the hospital? • call to lend you something you need? _____ _____ _____	Whom will you ask for advice / information: • when you don't feel well? • when you don't understand how to do something? _____ _____ _____
COMPANIONSHIP	EMOTIONAL SUPPORT
Whom will: • go for a walk with you? • spend the afternoon with you? _____ _____ _____	Whom will you look to: • for encouragement? • for understanding? • for help when you're feeling down? _____ _____ _____

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Let's talk about some good ways to meet new people:

- The easiest way to meet people is to join others while doing something that you enjoy - maybe one of the things you listed in your Pleasant Activities.
- Even if you don't find anyone in particular whom you would like to get to know better, you will still have been doing something pleasant and you will be less likely to feel that you wasted your time.
- Since the main focus is the activity you are doing, and not meeting others, there will be less pressure than doing something where the main purpose is to meet people.



Now let's think together about activities and places where you can meet people. Where do you already go or know of that you might be able to do something you enjoy and meet people?

*To assist the participant in generating ideas, you may want to suggest some social groups and activities that are offered by your agency and/or local places that have free activities or are open to the public, such as:*

- Sacred sites
- Ceremony
- Seek out elders in your community for cultural resources
- Places of worship
- Being in nature (harvesting, gardening, taking a walk)
- Family activities (visiting relatives, observing spiritual calendar)
- Cultural events (pow wows, potlucks)
- Observing spiritual calendar

**Facilitator Tip:** If participant is interested in observing the spiritual calendar, provide them with Appendix G as an additional worksheet.



**Adaptation tip:** Revise with the appropriate cultural reference for the spiritual calendar in other tribal cultures.

## TOPIC 4: RELATIONSHIPS AND ROLE CHANGES (5 MINS)

Open the Participant Workbook to Worksheet 8.3



A role change is when you shift into a different position in some aspect of your life. It could be starting a new job, going to school, getting married, or moving in with your partner.

Having a new baby is a big role change! This is true regardless of whether this is your first baby or you already have other children and are adding another child to your family. Your relationships with other people change when your role changes. For example, when you have a new baby:

- You start a new relationship with your newborn.
- Your relationships with your other children, your partner, your friends, and your family will also go through some changes.
- Those changes affect your relationships, and they can also affect your stress level and your mood.

### Key Points



- A role change or transition- like becoming a new mother or having another baby- can affect your mood
- Role changes may result in new or different types of stress in your life
- Role changes often mean you need to rely on people for new and/or different types of social support

### Refer to Worksheet 8.3



- What are your thoughts (both helpful and unhelpful) about your role change?
- Who are some people in your social support network who can help you with this role change?



Role changes can be stressful in many ways. They may present new challenges that require you to find new or additional types of support that you didn't need before. For example, with a new baby you may need to find someone who can provide childcare. Role changes can also create conflicts or disagreements with people in your life. For example, maybe your mother or mother-in-law doesn't agree with how you're parenting your baby, and the two of you argue about it. Or maybe you don't think your partner is helping out enough, and you're angry about it.

- Having a baby sometimes creates conflicts or disagreements with others. Some of these might be new conflicts that you didn't have before you had your baby.
- Those disagreements can affect your mood.
- Identifying your thoughts, feelings and behaviors about those disagreements can help you strategize to improve your mood.

Open to Worksheet 8.3. Use the question below to elicit examples for the different categories on Worksheet 8.3.



Have you noticed any conflicts or disagreements you are having with other people related to your pregnancy or your new baby?

Even though role changes might be stressful, you can try to manage that stress. First, pay attention to the ways in which your role change may cause you to need support from other people. Second, think about the people that you identified who are part of your support network and don't be shy about asking them for support. Third, pay attention to whether you have positive or negative interactions with people in your life. You may need to avoid certain people when they are not being supportive and rely more on your positive contacts.

**WORKSHEET 8.3:**  
**ROLE CHANGES AND DISAGREEMENTS**

Becoming a mother (for the first time or again) is a role change that can affect your mood and your relationships.

1. **Thoughts:** What are your thoughts about your role change? (helpful and unhelpful)

2. **Behaviors:** What can you do to adapt to this role change?

3. **People:** Who can help you adapt to this role change?

Having a baby can change your relationships with other people. Have you noticed any problems with another person that may affect your mood or stress level?

**Feelings:** What are your feelings about this person?

**Thoughts:** Think about conflict(s) you had with this person over the past week.

- How does the conflict affect the way you view yourself?
- How does the conflict affect the way you view the other person?
- How does the conflict affect the way you view the world?

**People:** Think about the person you are having problems with.

- What are his/her good points? What are his/her bad points?
- How do you think he/she sees the problem? (Try to understand his/her point of view even though you may not agree with it.)
- Is there a solution where you both get something important that you want?
- Is there anyone who could help you with solving the problem?

**Behaviors:** When you have a problem with this person, how do you behave?

- Is this how you usually behave when you have problems with others?
- When you have problems with this person, how does he/she behave?
- Could you do anything to help shape the situation into one that is healthier for you?

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## PERSONAL PROJECT: Support Network List (Worksheet 8.4)



Instructions:

1. In the same way that you identified people who provide support for you, I want you to think about people in your social support system who can provide support for your baby. Some of these people may be the same as the people who provide you support, but some might be new/different. You can write down who these people are on WORKSHEET 8.4.

**MINDFULNESS TIP:**  
Practice repeating the loving kindness phrases to yourself

**WORKSHEET 8.4:**  
**PEOPLE WHO PROVIDE SUPPORT FOR ME AND MY BABY**

Instructions:

This time, each square describes a different type of support that people can give to your baby. Think about the people in your social support system who fit in each square and write their names there. The same person can be written in more than one square.

PRACTICAL SUPPORT	ADVICE OR INFORMATION
Whom will you ask to: <ul style="list-style-type: none"><li>• help with baby-sitting if you don't feel well and need to rest?</li><li>• take you to the hospital if your baby gets sick?</li></ul>	Whom will you ask for advice / information: <ul style="list-style-type: none"><li>• when your baby is sick?</li><li>• when you don't understand how to do something for your baby?</li><li>• when something about your baby worries you?</li></ul>
COMPANIONSHIP	EMOTIONAL SUPPORT
Whom will you look to: <ul style="list-style-type: none"><li>• play with your baby?</li><li>• teach your baby new things?</li></ul>	Whom will you look to: <ul style="list-style-type: none"><li>• comfort your baby?</li><li>• make your baby feel loved?</li></ul>

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# Session 9

**Objective:** Identify the participant's communication styles and ways to improve them to help get her needs and her baby's needs met.

## TOPIC 1: PERSONAL PROJECT REVIEW (5 MINS)



During the last session, we talked about identifying people in your support system who can provide support for your baby. Let's look at who you listed. How do you feel about asking for these types of support? Did you only put people you know would be easy to ask and would agree? Can you think of any obstacles you might face in asking for support from certain people?

*Use this time to identify cultural or family expectations that affect her ability to openly express her needs during this role change.*

## TOPIC 2: COMMUNICATION STYLES AND MOOD (5-10 MINS)

Open the Participant Workbook to Worksheet 9.1



Thinking back to your social support network, you may find that some people will provide support to you without you having to ask for it. Yet sometimes we need to ask for support from other people, especially after experiencing a role change like having a baby.

To communicate our needs to others, we need to clearly and effectively state what we need from others. In general, there are three main ways that we communicate what we want. We can communicate in a passive, aggressive, or assertive way.

Passive communication is generally when you avoid expressing your feelings, needs, or opinions. People who use a passive communication style may speak softly and are likely to apologize for things they say. They may also have poor eye contact.

Aggressive communication refers to expressing yourself in a way that is often confrontational, demanding, and sometimes verbally and physically abusive. Often times people with aggressive communication styles try to dominate other people and don't listen well.

### Key Points



- Communication styles can shape the contacts you have with others and your mood
- You may use different styles of communication with different people in your life
- Assertive communication tends to be better received by others

#### WORKSHEET 9.1: COMMUNICATION STYLES AND YOUR MOOD

3 TYPES OF COMMUNICATION STYLES		
COMMUNICATION STYLES	RESPECTS WISHES OF OTHERS	RESPECTS OWN WISHES
Passive	Yes	No
Aggressive	No	Yes
Assertive	Yes	Yes

1. What is your main communication style?

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---

2. How does your communication style affect your mood?

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3. How does your communication style affect your relationships with others?

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Assertive communication refers to clearly stating your opinions, needs, and feelings and doing it in a way where other people don't feel threatened. People who have an assertive communication style listen well to others, speak calmly and clearly, have good eye contact, and stand up for their rights.

Based on what I just described, which communication style do you think you typically use?

There is no one "right" way to communicate, however, assertive communication tends to be more effective, as it is better understood by others. It is important to remember that we may have a particular communication style for most interactions, and we may communicate differently with others (for example, some members of our family). Can you think of any examples of this for you?

It is also important to recognize that your communication style can affect your mood. Imagine you don't get what you want when asking for it. How does that make you feel?

*Highlight the following issues related to communication style:*

- People with passive styles and aggressive styles get their needs met less often than people with assertive styles. This is because passive communication might not clearly state what is needed, and, an aggressive style might leave the other person feeling defensive.
- When someone doesn't get her needs met, it can affect her mood in a negative way.
- You will want to be prepared to accept someone refusing your request even if you use an assertive style.
- Asking for what you need is a strength, not a weakness; asking is a way of empowering yourself.

### TOPIC 3: GETTING YOUR NEEDS MET (5 MINS)

*Open the Participant Workbook to Worksheet 9.2*



We all have times when we don't say what's on our minds, and in some cases it might not be the right time to ask for support. However, it is important to ask for support when you need it as a way of managing stress in your life, including stress due to your role change of having a baby. When we make requests using an assertive communication style, it increases the chances that we will get our needs met. The other person may agree, compromise, or they may refuse, but at least you'll know the answer.

I know that there may be some reasons that you don't ask for support, or do it using an assertive communication style. Let's talk about some of the things that might prevent us asking for support and doing so with an assertive communication style.

*Brainstorm together obstacles that might keep the participant from being assertive and asking for support. Some common obstacles to mention are:*



- Fear
- Habit/routine – not used to doing it
- Low energy – too tired to do it
- Don't believe it would change things (why bother)
- Don't want to seem disrespectful, needy, or put a burden on anyone

#### Key Points



- It's OK to ask for help
- Asking for help using an assertive style can increase the chance that one's needs will be met
- One way to ask for help is to do it using a step-by-step approach
- There may be obstacles to using an assertive strategy--there are different ways to overcome these obstacles

**Facilitator Tip: Cultural norms can sometimes be an obstacle to using an assertive communication style, or not making a request at all.**



Even though this might sound pretty basic, we can think about using five steps to help ask for support from others and do it using an assertive communication style. The steps can be found on Worksheet 9.2. They are:

1. Identify what you want.
2. Pick who you should ask for help.
3. Figure out a way to say it in a way that uses an assertive communication style
4. Respect the other person's right to say no.
5. Be willing to compromise.

**WORKSHEET 9.2:  
GETTING YOUR NEEDS MET**

• It's okay to ask for what you need.  
• You are more likely to get what you need if you communicate in a positive, clear, and direct manner.  
• When you ask for help from others, the more information you provide, the easier it will be for others to help you and the better your chances are of getting what you want. For example: "I want to attend a computer class on Wednesday from 1:00-3:00pm."  
• The person may say "yes" or "no." You may need to compromise.

*I would really like to go to the computer class, but I can't go if I can't get a ride to the class. Can you help me with that?"*

*I can't go to the class, but I can help you with the computer class. Can you help me with that?"*

STEPS	MY EXAMPLE
1. What do I need?	
2. Who can help me?	
3. Ask for what you need in a way that is clear and direct. (assertive communication)	
4. Respect the other person's right to say no.	
5. Be willing to compromise.	

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## TOPIC 4: MOTHERS AND BABIES COURSE REVIEW (5 MINS)



This is our last Mothers and Babies session together. I hope it has been enjoyable and useful for you to talk about things that may be stressful in your life and how you can manage stress in ways that improve your mood.

Remember that Pleasant Activities, Thoughts, and Contact with Others all affect your mood - either positively or negatively. Just as important, you should know that you can make changes in all of these areas. To recap, you can add more Pleasant Activities to your routine, reframe unhelpful thoughts, and add more positive contacts to your social support network.

The mindfulness practices you learned can also be helpful for your mood, your stress level, and your ability to be present and enjoy activities and interactions. Keep using what works for you!

*Encourage participant to keep the workbook for future reference, to continue using strategies that have been helpful and to try out some of the skills she hasn't tried yet. Ask her to reflect on and discuss the strategies she has found most helpful.*

**Facilitator Tip: Provide positive reinforcement for the participant's successes, and discuss ways she can remember to use these skills.**



Perhaps the most important thing to remember is that all of the material we have talked about is not just something you can use while pregnant or right after you have delivered. Mothers and Babies has given you skills and strategies that you can use in your daily life right now and throughout your life, and you can also pass these skills on to your children.

*Give the participant a personalized Certificate for completing the Mothers and Babies Program*

### Key Points



- Pleasant activities, thoughts, and contact with other people all affect our mood, but we can make changes in all of these areas
- Keep using Mothers & Babies skills as your child gets older and throughout your life

### CERTIFICATE OF COMPLETION

is recognized for her participation in  
THE MOTHERS AND BABIES PROGRAM



Presented by: \_\_\_\_\_  
Date: \_\_\_\_\_

# APPENDIX A: CULTURAL ADAPTATION PROCESS AND WORKGROUP MEMBERS

*The inception of this cultural adaptation began during a MB intervention training with the Great Plains Tribal Leader's Health Board (GPTLHB)—an organization that works to improve the health and wellness of the American Indian peoples among the 18 Great Plains tribal nations and communities in South Dakota, North Dakota, Nebraska and Iowa. During the training, several examples within the MB manuals were notably incongruous with typical resources and experiences among reservation communities; members also identified the benefits of incorporating traditional teachings into the MB intervention to better support Native American families. With support from SAMHSA\* and the Perigee Fund\*\*, our interdisciplinary team began the six month process to adapt the MB Participant and Facilitator manuals to better meet indigenous communities' needs by providing cultural context.*

*The adaptation process began with a workgroup of maternal and child health program managers from GPTLHB, who reviewed the MB participant materials to identify places where cultural adaptation was needed, providing recommendations for content modifications as well as new artwork and graphic design. The next phase included a cultural consultant with expertise in traditional teachings and cultural adaptation, as well as mental health and healing, along with several members of the MB team from Northwestern University. Throughout the collaborative process we discussed ways to layer the core intervention components within the structure of the medicine wheel, adding the spiritual to join the cognitive, behavioral, and emotional. Traditional teachings on the seven sacred laws are included in the first MB session, to frame the process of identifying and amplifying strengths and core cultural and community values throughout this CBT and attachment focused intervention. Artwork and images, graphic design and color schemes, were developed with the intent to engage individuals with familiar and welcoming imagery and representations.*

*This cultural adaptation was created with, and is highly representative of the Lakota people. The Lakota/Dakota/Nakota people are part of the Oceti Sakowin (Seven Council Fires) with the Lakota people residing mostly on the northern plains. The cultural references and images in this document are representative of the participants and facilitators who are mostly of Lakota tribal descent. For other tribal affiliations or lineage, adaptation is encouraged for respective tribal cultural appropriateness. Recommendations for further cultural adaptation are included as facilitation and adaptation tips embedded throughout the MB facilitator guide and in Appendix H. We encourage those with interest in making cultural adaptations to reach out to the MB team at Northwestern University at [mothersandbabiesnu@gmail.com](mailto:mothersandbabiesnu@gmail.com).*

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## **Ethleen Iron Cloud-Two Dogs, MS**

Sina Ikikcu Win (Takes the Robe Woman), Ethleen Iron Cloud-Two Dogs is an enrolled citizen of the Oglala Sioux Tribe and has Crow ancestry and counts among her many blessings - her life companion, family and many relatives. She is from Porcupine, SD on the Pine Ridge Indian Reservation in South Dakota. Ethleen provides training and technical assistance locally and nationally to Tribal programs and communities in the area of youth, family and community development; mental health; substance abuse; education; suicide prevention; juvenile justice and cultural development. She is a past Bush Foundation Fellow, serves on the Knife Chief Buffalo Nation Society Board of Directors, Anpo Wicahpi (Morning Star) Pine Ridge Girls' Preparatory School Board of Directors, and the Rosalyn Carter Mental Health Task Force. Ethleen is a past member of the Bureau of Indian Education Advisory Committee for Children with Exceptional Education Needs and the First Nations Behavioral Health Association. She holds a bachelor's degree in Business Administration from Fort Lewis College; a Master of Science degree in Counseling and Human Resources Development from South Dakota State University and is currently an education doctoral student. Ethleen considers herself a lifelong learner of human development with focus on cultural and indigenous traditional teachings.

**Linda Littlefield, MSW**

Linda has clinical behavioral health experience working with children ages 4-14 in a residential treatment facility, working with adults with severe and persistent mental illness, and serving the homeless as a case manager and grants manager of two HUD grants to address chronic homelessness. Linda has been with Great Plains Tribal Leader's Health Board since 2014 where she serves as the Principal Investigator and Project Director of the Great Plains Healthy Start Program, a HRSA funded project serving American Indian mothers of childbearing age, and their families and children ages 0- 18 months. Great Plains Healthy Start operates on American Indian Reservations and tribal communities in North and South Dakota.

**Jennilea Steffens, MPH**

Jennilea Steffens graduated from the Icahn School of Medicine at Mount Sinai in New York City in January of 2017 with a Master of Public Health degree, concentration in Global Health. She obtained her Bachelor of Science degree from the University of South Florida. She has previous experience working as a healthcare administrator in a primary care setting in New York City, an alternative medicine, and minor emergency medicine settings in Florida. Ms. Steffens's passion for working with underserved populations and diverse cultures led her to Rapid City, SD serving American Indian tribal communities. She has worked with the Maternal and Child Health (MCH) Department of the Great Plains Tribal Chairmen's Health Board (GPTCHB) for over four years. Ms. Steffens has worked on various projects in tribal communities in the Great Plains Area, such as the 2017 South Dakota Tribal PRAMS Project, the Safe Healthy Children Pediatric Immunization Program, and her most recent position as a Program Manager/Young Child Wellness Expert for the SAMHSA funded GPTCHB/RST Project Indigenous Linking Actions of Unmet Needs in Children's Health (ILAUNCH) Program to promote wellness and mental health of young children from birth to eight in the Sicangu Nation.

**Terri Rattler, MS**

Terri L. Rattler is an enrolled member of the Oglala Lakota Tribe. Terri was born in Wagner, SD and lived on the Pine Ridge Sioux Reservation and various States and Indian Reservations. Terri attended Haskell Indian Junior College receiving her Associate of Arts degree in Lawrence, KS. Terri later moved to Denver, CO and lived there for 19 years. She attended Regis University where she received her Bachelor of Science in Health Care Administration and Master of Science in Organizational Leadership and Project Management in Denver, CO. Terri has experience in working with Native American children at the Head Start program on the Lower Brule Sioux Indian Reservation as a teacher's/speech aide and a teacher's aide/secretary for the Circle of Learning Preschool, in Denver, CO. Currently Terri is a Program Manager for the Great Plains Tribal Chairmen's Health Board in the Maternal Child Health department, for the Tribal Maternal, Infant, Early Childhood Home Visiting (T-MIECHV) program funded by Administration for Children and Families. She oversees the Strengthening and Encouraging Families (SEF) home visiting program in Sisseton, SD.

**Christy Hacker, MPH**

Christy received her MPH from Benedictine University in Lisle, IL in 2011, specializing in Health Education. She has served as Director of the Maternal Child Health Department at Great Plains Tribal Leaders' Health Board since 2013.

**Erin Ward, MA, MSW**

Erin obtained a MSW with a focus on mental health from the University of Buffalo, and a MA in English from the University of Alberta. Her research in mental health treatment began at the University of Rochester, conducting depression treatment research among women with childhood trauma histories. Since then she has worked with the Mothers & Babies team in the Center for Community Health at Northwestern University, providing research project management, intervention development and innovation, as well as training and implementation consultation for health and human service providers to implement MB in maternal and child health and community settings across the U.S.

**Jaime Hamil, MPH**

Jaime joined Northwestern University in 2013 after she received her Master's in Public Health with a concentration in Behavioral Sciences and Health Education at Emory University. She joined the Mothers and Babies Team in early 2015. Jaime is a Research Project Manager and focuses on project management, grant development, as well as training and consultation for providers to use MB in early childhood and perinatal service areas. As part of this work, she specializes in developing implementation solutions and exploring innovations and technology to decrease disparities with a two generational impact.

**Emma Gier, MPH**

Emma Gier (she/her) graduated from DePaul University with her MPH in June 2020, specializing in Community Health Practice. As Evaluation and Implementation Coordinator for the Mothers and Babies (MB) team at Northwestern University, she develops implementation resources to enhance training and technical assistance, and facilitates evaluation efforts as implementation sites move towards sustainment of the MB intervention. Emma's expertise and passions lie in addressing social determinants of health through collaborative and community-based research, maternal and reproductive health, mental health, and global health. Emma is also a graphic designer and lovingly created both manuals, and the resource guide for this cultural adaptation.

**Cristina Barkowski, MSW**

Cristina Barkowski (she/her) is a Project Coordinator on the Mothers and Babies (MB) Team. She graduated with her Master of Social Work from Erikson Institute in May of 2020. Cristina leads trainings and consultations to support implementation and also manages the development of a virtual training for home visitors on research design and research methods. She has also contributed to revisions of previous MB manuals. She is passionate about community prevention research, child development and the multi-generational impacts of expanding maternal mental health access.

**Onyinyechi Jessica Ogwumike, BA**

Onyinyechi Jessica Ogwumike (she/they) is a birth doula and organizer. As Evaluation and Implementation Assistant for the Mothers & Babies team, Ogwumike supports the sustainment of the intervention in communities with varied and nuanced needs, evaluating its efficacy in responding to the demands of unique lived experiences. She completed her Bachelor's of Arts in African-American Studies at Northwestern University, and she is pursuing her Masters of Public Health at DePaul University, specializing in Community Health Practice. Their overall mission is to utilize community-based public health research to address the social determinants of marginalized birthing people's perinatal health and wellness.

**Darius Tandon, PhD**

Darius Tandon, PhD, is Associate Professor in the Department of Medical Social Sciences at the Northwestern University Feinberg School of Medicine where he also co-directs its Center for Community Health. Dr. Tandon is a community psychologist and prevention scientist whose research focuses on improving perinatal mental health outcomes among vulnerable, lower socioeconomic, and ethnically diverse populations. He has conducted studies examining the impact and innovation of the Mothers and Babies intervention, including several in the context of home visiting programs that serve pregnant women and new mothers.

**Sarah Torres, BA**

Sarah Torres is an artist, illustrator and carpenter working in the city of San Francisco. Sarah is a recent graduate from the California College of The Arts, and occasionally teaches arts and crafts to the youth. The majority of Sarah's work is highly inspired by her community, and the people involved as well. Experience, abstraction, and culture are only a few things that inspire her to work for she is still looking for new methods to express her artistry.

\*Funding for this project was made possible (in part) by grant #H79SM080173 from SAMHSA. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

\*\*The Perigee Fund provided financial support to the Northwestern University Mothers & Babies team to support the development of this cultural adaptation.



# APPENDIX B: GLOSSARY

**ANPE WI** (unh-peh wee)  
Sun

**CANGLESKA WICONI WAKAN**  
(chunh-gleh-shkah wee-choh-nee wah-kuhn) Sacred circle of life

**CHEYEKA** (cheh-yah-ka)  
Wild mint tea

**INA NA HOKSICILA WOONSPE** (ee-nuh ho-kshee-chee-lah woh-oh-nspe)  
Mothers and Babies teaching

**INILA** (ee-nee-lah)  
Being still, calm, quiet

**INIPI** (ee-nee-pbee)  
Purification lodge ceremony

**KSAPA** (ksa-pba)  
Being aware, alert

**LOWAN PI** (lo-wunh pbee)  
Singing to baby

**MAKA SITOMNI** (muh-kah see-toh-mnee) Universe

**MAS'KE** (mush-keh)  
Female to female close friend

**MIYE** (mee-yeh)  
Me

**NAGI YATA** (nuh-ghee yah-tah)  
Spirit World

**PEJUTA** (peh-jhoo-tah)  
Medicine

**TA MAHEL CANGLESKA WAKAN**  
(t'ah muh-hel chun-gleh-shkah wah-kunh)  
Sacred circle within

**TAWACIN** (t'a-wah-cheenh)  
Combination of our heart, mind and emotions

**TEHILA PI** (teh-khee-lah pbee)  
Cherishing the baby and self

**TIMPSILA** (tee-mspee-lah)  
Wild turnip

**TIOSPAYE** (tee-yo-shpa-yeh)  
Extended family support

**TIWAHE** (tee-wah-heh)  
Family

**TOKATAKIYA ETUNWAN**  
(toh-kah-ta-kee-ya eh-too-wunh)  
Looking toward the future

**UNCI MAKA** (oonh-chee muh-kah)  
Grandmother Earth

**WACANTE OGNAKA**  
(wah-chun-teh oh-gna-ka)  
Generosity

**WACIN TANKA**  
(wah-cheenh tunh-kah)  
Fortitude

**WAOHOLA** (wah-oh-hola)  
Respect and honor

**WAUNSILA** (wah-oonh-shee-lah)  
Compassion

**WAZILYA** (wah-zeel-yah)  
Smudge

**WICAHPI OYATE** (wee-chah-hpee oh-yah-teh) The Star Nation

**WICASTUN PI** (wee-chah-shtoonh pbee) Spirit naming of the baby and the mother

**WOCEKIYE** (woh-cheh-kee-yeh)  
Sending a voice to the Creator

**WOGLAKA PI** (woh-glah-kah-pbee) Talking to baby

**WOKPAN** (wo-kpunh)  
Spirit tool kit

**WOKSAPE** (wo-ksa-peh)  
Wisdom; making the right choices

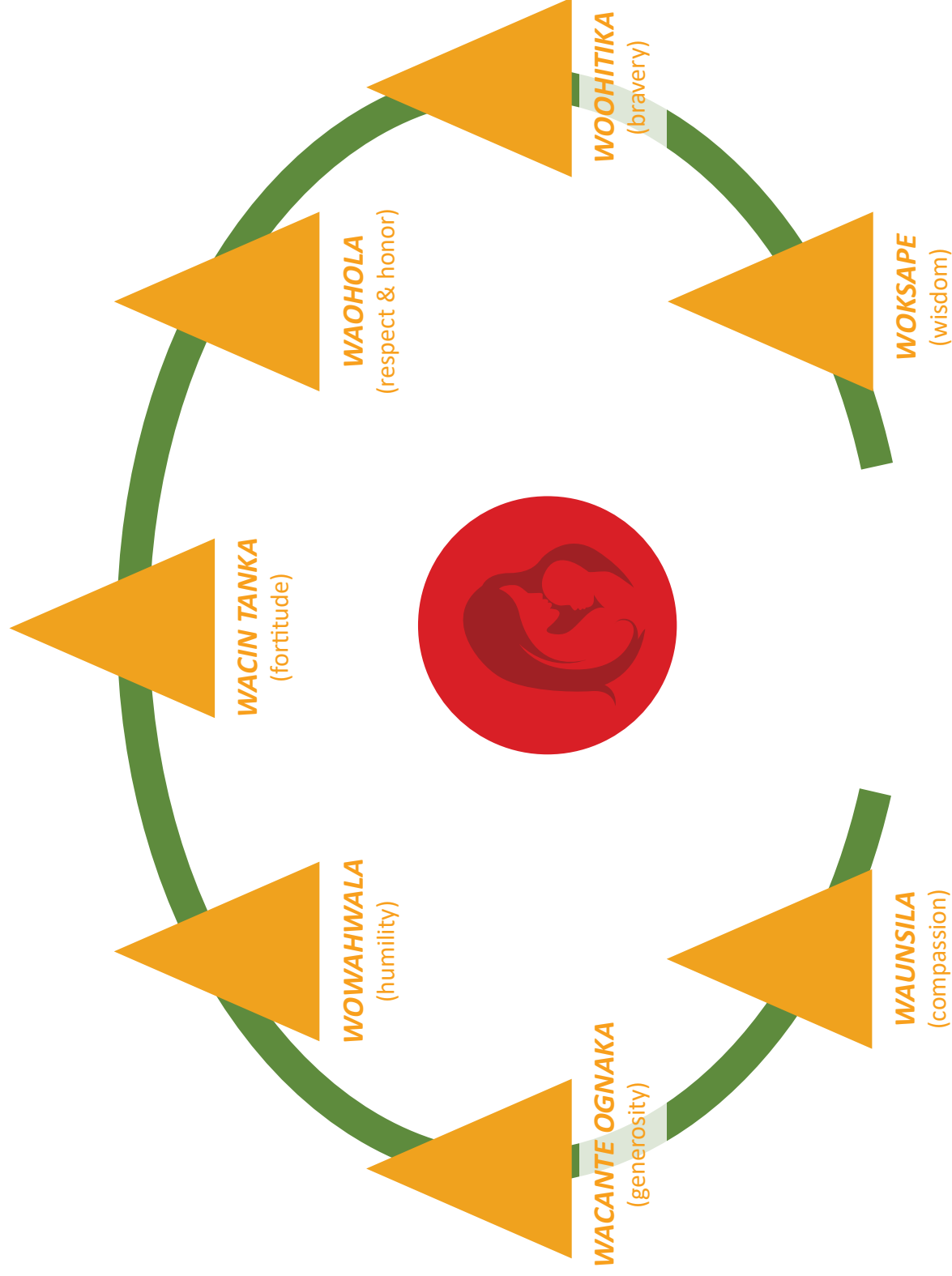
**WOOHITIKA** (wo-oh-hee-tee-kah)  
Bravery

**WOOPE SAKOWIN**  
(wo-oh phe sha-ko-weenh)  
Seven Sacred Laws

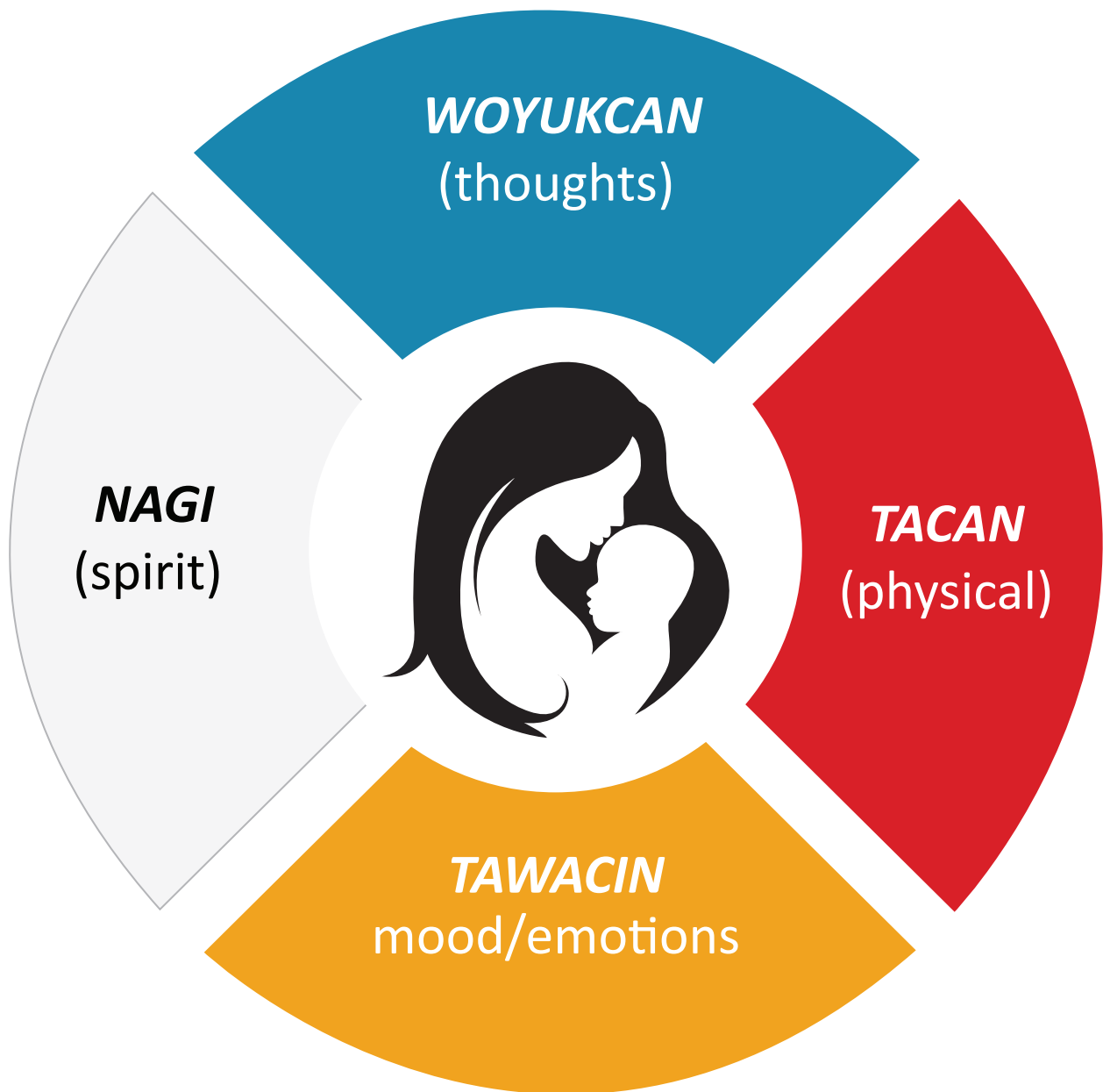
**WOTAKUYE** (woh-tah-kuh-yeh)  
Strong kinship system

**WOWAHWALA** (woh-wah-wah-lah)  
Humility

## APPENDIX C: WOOPÉ SAKOWIN (SEVEN SACRED LAWS)



## APPENDIX D: TA MAHEL CANGLESKA WAKAN (SACRED CIRCLE WITHIN ME)



# APPENDIX E: HOW TO MAKE A WOKPAN (SPIRIT OR CULTURAL TOOLKIT)

*WOKPAN* - a Lakota term for spirit or cultural toolkit. Every individual carried one to use daily, and also in case of an emergency, e.g., if there was a sudden traumatic event like violence, accident, and/or death, the individual would use the Wokpan for calming purposes, for making offerings and for soothing the spirit to relax or during traumatic times

*INYAN*  
(spirit stone) or other  
items of spiritual or  
cultural significance

*OJUHA*  
(bag, leather or fabric)  
about 8 inches long,  
6 inches wide

*WACANGA*  
(sweetgrass) – medicine  
used to purify

*CANSASA*  
(dried red willow bark tobacco) - offering

*PANKE SKA*  
(abalone shell) –  
comes from the  
water which has a  
spirit

*H'ANTE*  
(cedar) - used  
to purify the air/  
atmosphere by  
burning

*PEJI HOTA*  
(sage) – medicine  
used to purify, inhale,  
boil and drink, or  
chew



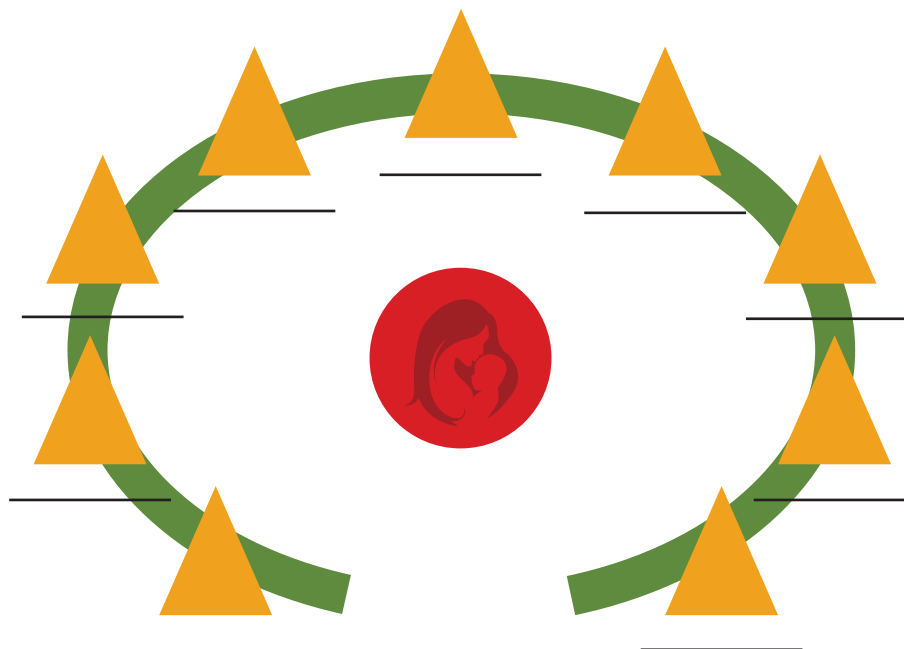
## APPENDIX F: WOTAKUYE (KINSHIP) CHART

*WOTAKUYE* (kinship) is believed to be the “glue” that holds the people together. Using the term and having an attitude of “this is my relative”, whether blood related or not, drives the behavior to be more respectful, strengthens the bond between individuals, and establishes respectful boundaries. It is understood there are also Dakota and Nakota dialects and relevant terms that may not be listed here. The lists below are organized according to male and female speech, and terms that are common to both female and male.

MALE SPEECH		
KINSHIP	LAKOTA TERM	PRONUNCIATION
older brother	<i>CIYE</i>	chee-yeh
younger brother	<i>MISUN</i>	mee-soohn
older sister	<i>TANKE</i>	tank-keh
younger sister	<i>TANKSI</i>	tank-shee
sister-in-law	<i>HANKA</i>	han-kah
brother-in-law	<i>TANHAN</i>	ta-hanh
daughter	<i>CUNKSI</i>	choohn-kshee
son	<i>CINKSI</i>	cheenk-shee
female cousin	<i>HANKASI</i>	hanka-shee
male cousin	<i>TAHANSI</i>	tahan-shee
close brother-in-law	<i>MAS'E</i>	muh-sheh



FEMALE SPEECH		
KINSHIP	LAKOTA TERM	PRONUNCIATION
older brother	<i>TIBLO</i>	tee-blo
younger brother	<i>MISUN</i>	mee-soohn
older sister	<i>CUWE</i>	choo-weh
younger sister	<i>MITANKALA</i>	mee-tahn-ka-la
sister-in-law	<i>SCEPAN</i>	scheh-pahn
brother-in-law	<i>SICE</i>	shee-cheh
female cousin	<i>CEPANSI</i>	cheh-pahn-shee
male cousin	<i>SICESI</i>	shee-che-shee
close friend	<i>MASK'E</i>	muh-shkeh



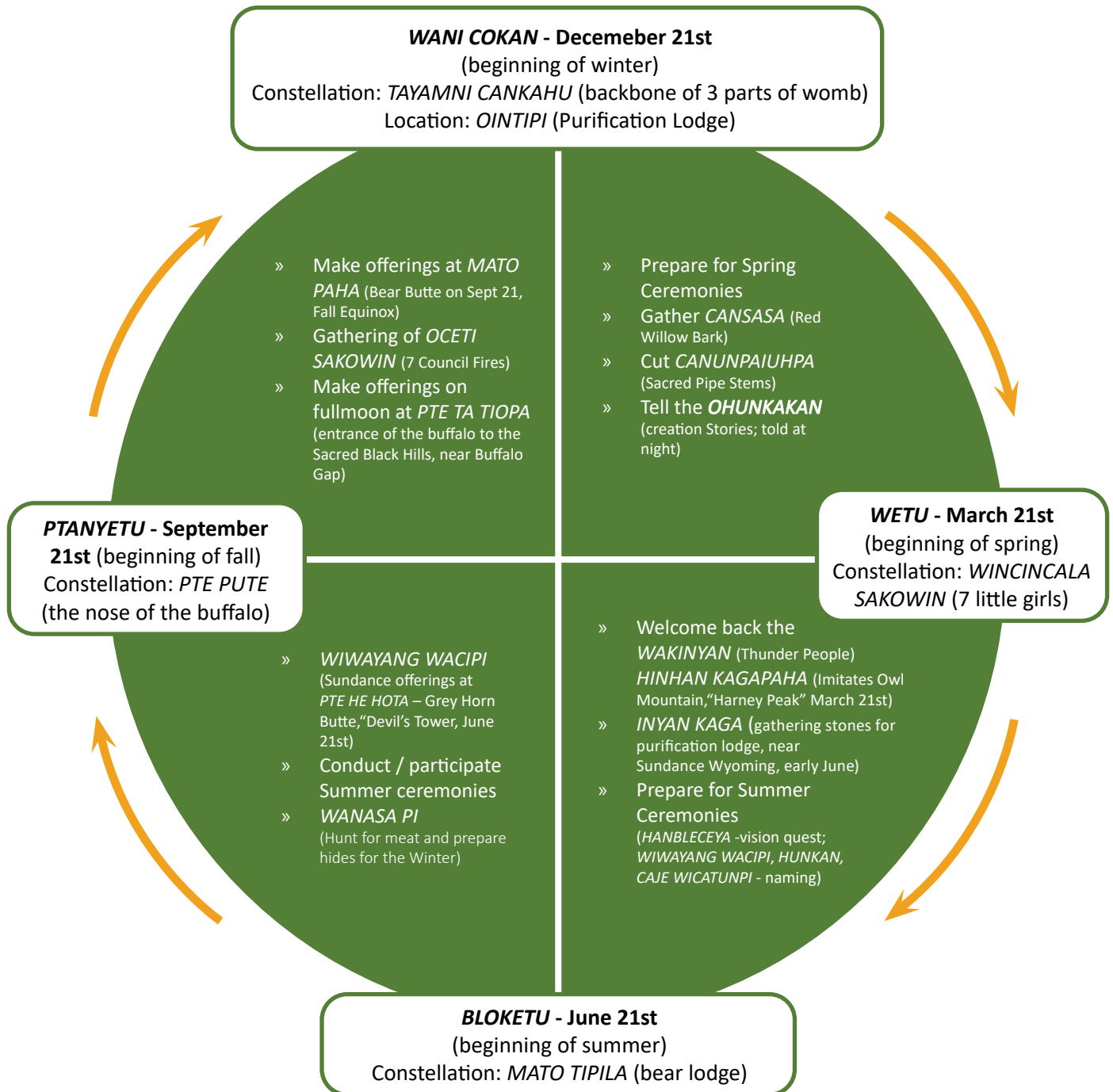
COMMON TO BOTH MALE & FEMALE



KINSHIP	LAKOTA TERM	PRONUNCIATION
grandfather	<i>TUNKASILA</i>	toohn-kah-shee-lah
	<i>GA-KA</i>	gah-kah
	<i>LA-LA</i>	lah-lah
grandmother	<i>UNCI</i>	oohn-chee
	<i>KUNSI</i>	koonh-shee
uncle	<i>LEKSI</i>	leh-kshee
aunt	<i>TUNWIN</i>	toohn-weeh
father-in-law	<i>TUNKASI</i>	toohn-kah-shee
mother-in-law	<i>UNCISI</i>	oonh-chee-shee
daughter-in-law	<i>WIWOHA</i>	wee-wo-kha
	<i>TAKOS</i>	ta-kosh
son-in-law	<i>WICAHA</i>	wee-chah-khah
	<i>TAKOS</i>	ta-kosh
niece	<i>TOJAN</i>	toh-junh
nephew	<i>TOSKA</i>	to-shkah
daughter	<i>CUNKSI</i>	choonh-kshee
son	<i>CINKSI</i>	cheenh-kshee
grandchild	<i>TAKOJA</i>	tah-koh-jah

Lakota Kinship Terms (from Lakota Mental Health First Aid Manual), RTwoDogs & EIronCloudTwoDogs, 2009

# APPENDIX G: *WI YAWA PI* (COUNTING THE MOONS) OGLALA LAKOTA SPIRITUAL CALENDAR



# APPENDIX H: ADAPTATION GUIDANCE



## Mothers and Babies is an Evidence Based Intervention – what does that mean?

An Evidence Based Intervention is one that has been shown, in controlled research studies, to be effective in changing health outcomes. Mothers and Babies (MB) is an Evidence Based Intervention that has been shown in multiple research studies to be effective in reducing depressive symptoms and preventing the onset of new cases of postpartum depression. While its effectiveness has been researched in controlled settings, the intervention is meant to be used in the real world. MB is implemented in a variety of health and human service settings, such as home visiting agencies and public health departments, and should be done so with as much fidelity as possible.

### What is fidelity?

Fidelity refers to delivering the intervention in the same way that it was delivered during the controlled research studies. However, in real world settings this is not always possible or advisable. Therefore, adaptations should be considered.

### What is adaptation?

Adaptation is a process of making changes to an Evidence Based Intervention to make it more suitable for a particular population or organizational structure. Adaptation can enhance relevance of the program for participants, and allow service providers to have more ownership over the content. However, in order to have a ‘fidelity-consistent’ adaptation, core components of the intervention must be maintained. These core components include;

- Content – WHAT is being taught, specifically the knowledge and skills that are addressed throughout the intervention
  - » For example, throughout the MB curriculum, the Quick Mood Scale is used to help participants track their mood over time. While the Quick Mood Scale itself could be traded out for a different tracking tool, it is critical that participants learn this important skill of tracking their mood
- Pedagogy – HOW the program is taught, what strategies or interactions contribute to the intervention’s effectiveness
  - » For example, we know that MB is efficacious due to its basis in cognitive behavioral therapy (CBT), Attachment Theory and psychoeducation. Therefore, understanding and maintaining these key principals is crucial. It is important that the modules of Pleasant Activities, Thoughts and Contact with Others are maintained.
- Implementation – the logistics that are crucial to learning
  - » For example, MB is designed in such a way that concepts build upon one another. Therefore, it is important to maintain the sequence of the sessions.

Some adaptations are safe and easy to make, while others could potentially compromise or inhibit MBs core components. Therefore, adaptations have been categorized into green-, yellow- and red-light adaptations.


- **GREEN LIGHT** Adaptations – safe, encouraged and fidelity-consistent, made to better fit the culture and context of the program or agency, and the participants
- **YELLOW LIGHT** Adaptations – changes that should be made with caution, consulting an expert in the curriculum is highly encouraged before doing so. An expert could be the person who trained you on Mothers and Babies, or the Mothers and Babies team at Northwestern
- **RED LIGHT** Adaptations – changes that should not be made as they compromise or inhibit the key components of the intervention and thus, compromise the fidelity and ability for the intervention to be effective

The following table offers some guidance as to what adaptations can be made safely to the MB intervention. These are only some of the possible adaptations that can be made and this list is by no means exhaustive. Again, consult an expert if you plan to make an adaptation and you're not sure if it is a 'green light' adaptation.



ADAPTATION	EXPLANATION	EXAMPLE
<b>GREEN LIGHT</b> Tailor activity or example to participant's culture and/or context	Tailoring to your participant's culture and/or context allows for the curriculum to further resonate with them - this is strongly encouraged and the list of examples is not exhaustive	Swap out an example on the Pleasant Activities list (Worksheet 2.2) for something that is more relevant for your context (i.e. replace wild turnip with something that is harvested in your region)  Adapt language for parents with older children  Bring your expertise to the curriculum - i.e. if you attended a training on trauma-informed practice and have a participant who has experienced trauma, you can bring this knowledge to MB delivery
<b>GREEN LIGHT</b> Use a different approach to explain or complete an activity	Explain the same concept or complete the same activity using a different learning modality other than a worksheet can be helpful for participant's understanding	Use an app, emojis, or colors in place of the Quick Mood Scale to help participant track their mood  Participant may use a journal instead of the corresponding MB worksheets to track mood, plan pleasant activities, etc...
<b>GREEN LIGHT</b> Alter amount of time spent on a specific topic	Spend more or less time on a topic or activity depending on participant's familiarity or comfortability with the content	Spend more time identifying strengths with participant if they are having trouble doing so on their own





ADAPTATION	EXPLANATION	EXAMPLE
<p><b>YELLOW LIGHT</b> Split a session over two visits</p>	<p>If you run out of time, or a participant needs more ‘bite size pieces’, you may want to split a session into two components – this is fine as long as you are mindful about where you split the session – do not stop in the middle of a topic or key learning goal</p>	<p>You spend more time going over the Dawn and Sunset vignette than you anticipated and your participant must go to another appointment. You decide to stop the session but first, you finish the topic that you are on, and you move on to the next topic at your next visit.</p>
<p><b>YELLOW LIGHT</b> Deliver the content in another language</p>	<p>English or Lakota may not be the language of greatest comfort for a client, and they may need the content delivered in a different language. It is important that the meaning and theoretical underpinnings of the curriculum are maintained.</p>	<p>Offer curriculum content in a different language other than English or Lakota - while doing so ensure that meaning is maintained</p> <p><b><i>TIP: Consider the language surrounding mental health and mood</i></b></p>
<p><b>YELLOW LIGHT</b> Alter the order of modules</p>	<p>The sessions throughout the MB course build upon one another, and they must be delivered in order. Similarly, the MB modules of Pleasant Activities, Thoughts, and Contact with Others, have been intentionally ordered. Diverting from this order must be done very purposefully.</p>	<p>The introductory session should always be delivered first, and session and topic order within each module should not be altered. Rationale for delivering the thoughts module first could include, but is not limited to: noticing that a client struggles with unhelpful thoughts to the extent that thoughts inhibit engagement with any activities.</p>



ADAPTATION	EXPLANATION	EXAMPLE
<b>RED LIGHT</b> Skip an entire session or topic	All sessions and topics are included in the curriculum for a reason	Remove the entire section on the social support circle
<b>RED LIGHT</b> Modifying underlying theoretical approach	The theoretical underpinnings of MB are critical to its effectiveness in reducing and preventing depressive symptoms	Remove all attachment components from curriculum
<b>RED LIGHT</b> Staff who are not trained in MB deliver the curriculum	Staff should be trained in MB in order to deliver the intervention	Deliver MB with manuals printed from the website without being trained



# APPENDIX I: ADDITIONAL RESOURCES

## TRIBAL INFORMATION EXCHANGE OF CAPACITY BUILDING CENTER FOR TRIBES

The Capacity Building Center for Tribes works to design and deliver tools and resources for tribal child welfare professionals. The hope is that they are helpful in determining how best to support tribal communities and meet their unique needs.

<https://tribalinformationexchange.org>

## LAKOTA WORLDVIEW

### CULTURAL TEACHINGS TO SUPPORT NATIVE CHILDREN AS THEY GROW: THE SMOOTH JOURNEY

Ethleen Iron Cloud-Two Dogs and Richard Two Dogs share information about the Lakota Worldview, describing the four stages of life recognized in the Lakota community and the ceremonies that accompany each stage. These ceremonies are believed to contribute to a balanced life from childhood through returning to the spirit world.

<https://tribalinformationexchange.org/index.php/2018/05/29/lakota-worldview-cultural-teachings-to-support-native-children-as-they-grow-the-smooth-journey/>