Psychotherapeutic Models

CHRISTINA G. HIBBERT, PSY.D.
www.DrChristinaHibbert.com
christi@drchristinahibbert.com
Facebook, Twitter: @DrCHibbert
Instagram: @drchristinahibbert
YouTube: DrChristinaHibbert
www.MotherhoodEssentials.org
Motherhood Radio/TV: iTunes, SoundCloud, YouTube

Efficacy of Psychotherapy for PMADs

- Psychotherapy is an effective treatment for even severe PPD.

- *"Rather than using medication as a first-line treatment, it could be reserved for more severe depression that does not respond to counseling."*

- *APA: Treating Postpartum Depression http://www.apa.org/monitor/2011/02/postpartum.aspx*

O'Hara MW, Stuart S, Gorman LL, Wenzel A (2000) Efficacy of interpersonal psychotherapy for postpartum depression. Arch Gen Psychiatry 57:1039–1045

Components of Perinatal Counseling

- Psychoeducational, supportive
- Skills, tools & crisis management
- Frequent contact while acute
- Parenting resources
- Support system development
- Resources—access & awareness
- Evaluation of mother-baby/family interactions
- Couples and/or Family therapy
- Referrals and follow-up

Working w/ a knowledgeable, understanding provider you can trust—Hopefully!

Evidence Based Perinatal Therapies

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Peer Support (Groups or Telephone)
- Group Therapy
- Mother-Infant Therapy and Education
- Partner-Assisted Therapy
- Couples/Family Therapy

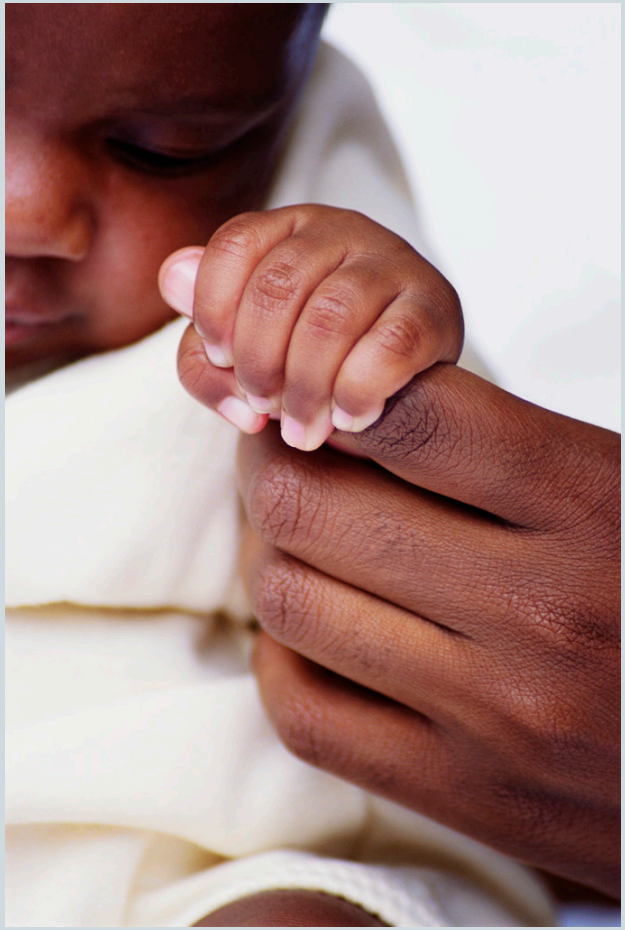
Bledsoe, S.E. and Grote, N.K. Research on Social Work Practice. 2006:16, 109-120; Brandon, A. et al. Arch Womens Ment Health (2012) 15:469–480

Length of Therapy

"Conventional wisdom is that psychotherapeutic treatments for mild to moderate depression should be provided for 10-12 weeks"
Stuart. O' Hara, & Gorman (2003) *Archives of Women's Mental Health, 6*(2), 57-69.

Treatment length varies based on many factors, including client's needs and openness to therapy and therapist's competence and rapport with client.

Stages of Recovery



- Acute Symptoms
- Initial recovery: resolution of acute stage
- First slump
- Transient symptoms: ups and downs
- Resolving
- Recovering Confidence
- Grieving
- Finding meaning

Transformed by Postpartum Depression: Women's Stories of Trauma and Growth by Walker Karraa , 2015

3 Phases of Perinatal Psychotherapy

- Phase 1: Evaluation, Crisis Intervention & Rapport
  - Evaluation, diagnosis, education, crisis management tools, couple/family involvement
  - GOAL: Diagnosis, acute symptom relief & rapport
- Phase 2: "The Work"
  - Therapeutic interventions, grief work, education, tools, skills, etc…
  - GOAL: "Overcoming, becoming…"
- Phase 3: Making Sense & Moving Forward
  - Revisiting the past, finding meaning, personal growth, plan for future
  - GOAL: skills of "…flourishing!"

Hibbert, www.DrChristinaHibbert.com

"Put out the fire before you rewire the house"

~Susan Hickman, Ph.D., MFCC

PSYCHOTHERAPEUTIC APPROACHES

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy

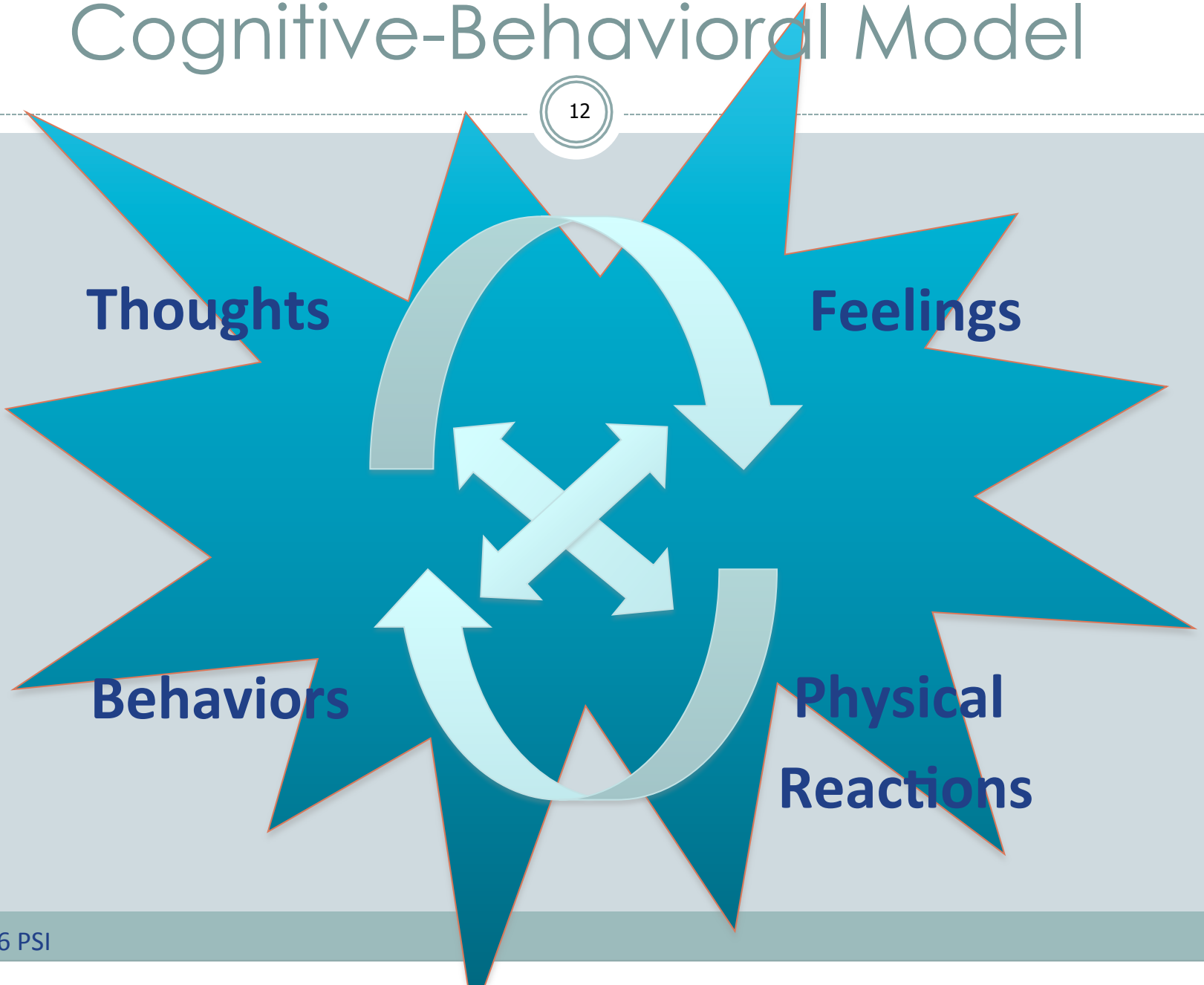
- Current psychological research→ there are specific patterns of thinking during certain moods
- These particular thinking patterns can cause us problems because they actually help maintain and even exaggerate our moods
- CBT is a holistic approach that emphasizes the connections among mind, body, mood, behavior & environment

Padesky, C. www.mindovermood.com

Cognitive-Behavioral Therapy

- Aaron Beck, MD
  - "founding father of Cognitive Therapy"
  - beckinstitute.org
  - padesky.com
- Thought or symptom-based method
- CBT looks at "automatic thoughts" or images that often precede, accompany, and follow depression, anxiety, and panic.

Cognitive-Behavioral Model



Common CBT Components

- Collaborative approach
- Psycho-Educational
- Relaxation Training:
  - Diaphragmatic breathing
  - Progressive muscle relaxation
- Desensitization/Exposure Therapy
- Assertiveness training
- Cognitive restructuring

CBT Goals

- Evaluate thoughts and strengths
- Identify triggers
- Look for evidence to support and/or dispute automatic thoughts and cognitive distortions
- Develop alternative explanations/thoughts
- Develop coping plans
- Teach coping strategies
- Foster resiliance

CBT: Initial Sessions

- Establish rapport and trust
- Educate client about her disorder
- Explain cognitive model and therapy process
- Normalize her difficulties and instill hope
- Determine and, if necessary, correct any expectations about therapy
- Collect additional information about client's problems and strengths
- Set therapeutic goals together

Judith Beck (2011) *Cognitive Behavior Therapy, Second Edition: Basics and Beyond*

Cognitive Restructuring

- Identify automatic thoughts
- Connection between thought & feeling
- Evaluate thoughts/Look for Cognitive Distortions
- Explore and modify underlying beliefs
- Differentiate between realistic and unrealistic threats
- Develop alternate perspectives

CBT: Tools—Thought Record (Part 2)

Date	**Situation** Briefly Describe: *"What's going on?"*	**Automatic Thought(s)** *"What do I hear myself saying?"* *"What's going through my head?"* *"What sentences do I hear?"* Write your stream of automatic thoughts.	**Emotion(s)** *"What am I feeling?"* 1. Identify/list emotions-- sad, angry, frustrated… (There is usually more than one.) 2. Rate, 1-10	**Alternative or Rational Response** ("The Truth" or "Reality") *"How else might I look at this?"* *"What is really happening?"* Write an alternative to the automatic thoughts.	**Outcome** *"How do I feel now?"* Identify and rate emotions, 1-10, after the rational response.

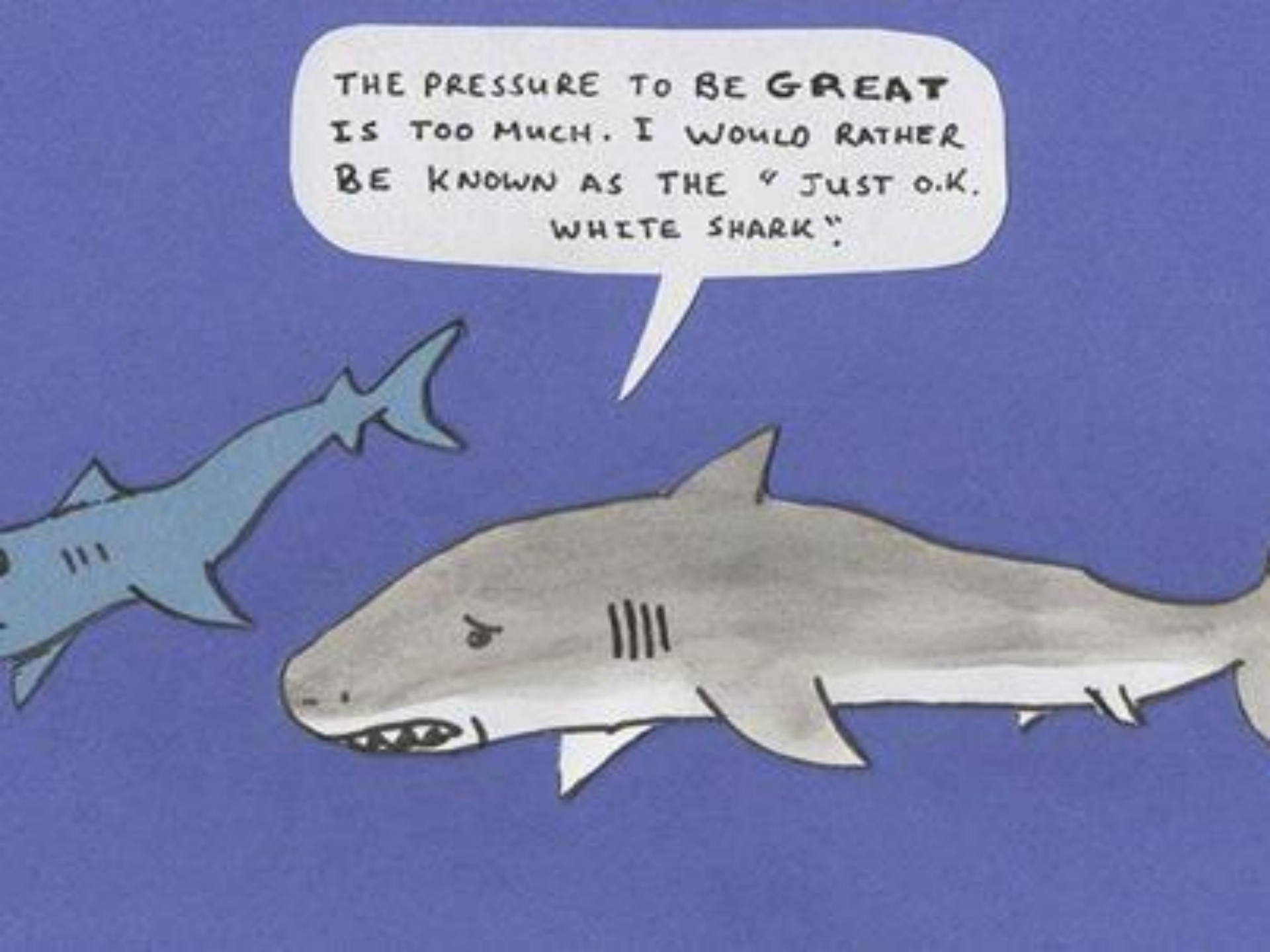
Common Perinatal Cognitive Restructuring Themes

- Identity loss/shifts
- Relationship changes/ role conflicts
- Loss/grief
- Self-esteem/self-worth
- Self-care
- Guilt
- Emotional overload (anger, fear, worry, frustration…

ANXIETY = $\frac{\text{PERCEIVED DANGER}}{\text{COPING SKILLS}}$

With anxiety

- We overestimate the danger or threat
- We underestimate our coping tools and ability to cope


THE PRESSURE TO BE GREAT IS TOO MUCH. I WOULD RATHER BE KNOWN AS THE "JUST O.K. WHITE SHARK".

Goals of CBT programs for anxiety

- Reduce physical hypervigilance
  - Relaxation training
    - Deep Breathing
    - Mindfulness
    - Clinical hypnosis (Eriksonian)
- Take away the danger
  - Focus on objective evidence
  - Distinguish true versus false alarms
  - Offer alternatives—cognitive restructuring
- Increase perceived control
  - Problem-solving and available options

Goals of CBT programs for anxiety

- Recognize anxiety as an alarm
  - See it for what it is
  - Tolerate the signal
  - FEEL
  - Assertiveness
  - See behavioral *options*
- Exposure to feared symptoms and situations
  - Exception: intrusive thoughts/images
    - May practice with visualization

CBT for OCD

Dr. Jeffrey Schwartz's Four Steps

- Step 1: Re-label
- Step 2: Reattribute
- Step 3: Refocus
- Step 4: Revalue

http://hope4ocd.com/foursteps.php

J. Schwartz. 1997. *Brain Lock: Free Yourself from Obsessive-Compulsive Behavior*

Step 1 Relabel

- Notice and name the thoughts
- "It's the OCD…"

Step 2 Reattribute

- It's not me, it's the OCD
- It's my brain illness/short circuit/biochem

- **Step 3 Refocus**
  - Shift attention
  - Refocus behavior on a pleasurable activity
  - Ideally for 15 min in beginning

- **Step 4 Revalue**
  - Thoughts ≠ behaviors or actions
  - Just a thought of no consequence or value

Internet Prevention and Treatment

- CBT based prenatal treatment
- Small study in pregnant women women with mild to moderate MDD 80% of participants showing treatment response and 60% showing remission over the course of eight sessions (Kim D. et al JOURNAL OF WOMEN'S HEALTH 2014(23)10)

CBT- Efficacy

- Research has found CBT to be an effective treatment for a number of perinatal disorders: depression, panic, anxiety, PTSD, OCD.
- Relapse prevention rates are highest with combination therapies. CBT teaches *skills*.
- Low income pregnant women: modified CBT program→greater improvement in depressed mood than treatment group O'Mahen, H. et al. Depression and Anxiety 2013. 30:679–687)

CBT and PPD: Efficacy

In a study comparing SSRI's to CBT individual therapy:

- those in therapy had the same decrease in depressive symptoms *as those taking medication*
- Studies used the Hamilton Rating Scale-D and EPDS, pre and post-study (Appleby, Warner, Whitton and Faragher 1997, Misri S. et al J Clin Psychiatry. 2004 Sep;65(9):1236-41.)

Working With Trauma
A CBT Approach

Core Tasks in Trauma Psychotherapy

- Develop a collaborative therapeutic alliance
- Educate and facilitate awareness
- Reconceptualization of "problem" in a more hopeful, positive formulation
- Retelling or "restorying" process
  - "shattered assumptions" and rescripting

D. Meichenbaum, New Developments in Treatment of PTSD

Core Tasks in Trauma Psychotherapy

- Help client find meaning
  - What did she do to survive?
  - Evidence of strengths in self
  - Lessons learned that can be shared
  - Role of spirituality
- Help her re-engage in life and reconnect

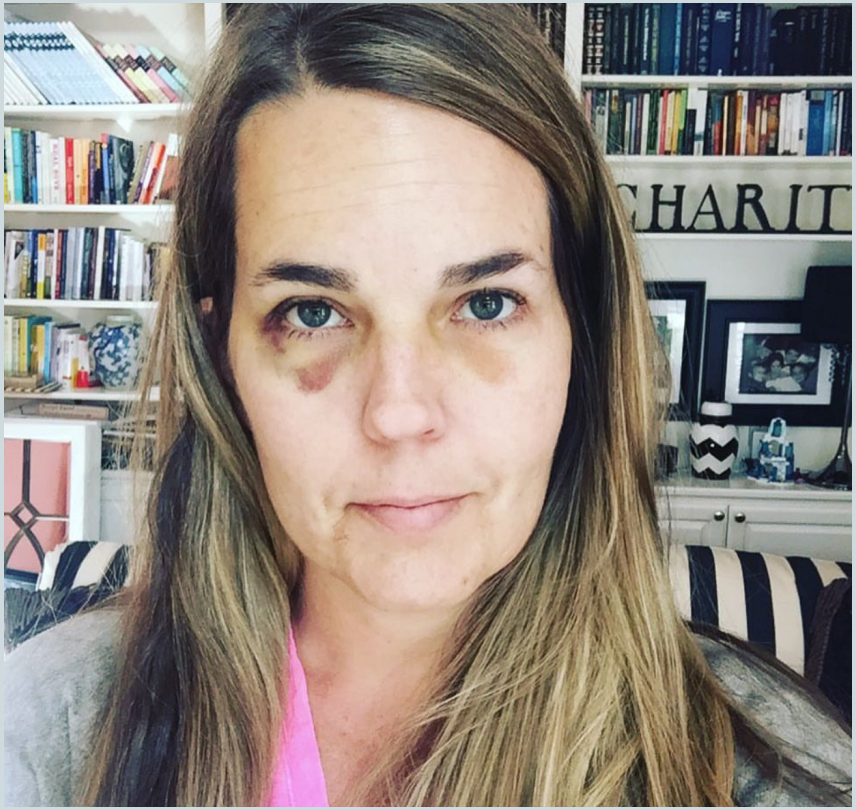
D. Meichenbaum, New Developments in Treatment of PTSD
Beck, CT, Driscoll, JW, Watson, S. 2013, *Traumatic Childbirth*

Self-Nurture & Self-Care (Feminist Theory)

Self-Care: Choose to Do It, or Life Will Make You!

Night of…

3 Days Later…



Encouraging Self-Nurture (Feminist Theory)

- Therapists help clients negotiate for their own personal space and/or time in relationships with others
- Therapists help clients assess and meet their own needs
- The development of a support network for fostering self-nurturance is stressed
- The client is encouraged to become less "tuned in" to other' s needs, allowing others to develop their own self-nurturing practices
- *Remember:* These principles apply to the therapist, too--"Practice what you preach!"

Interpersonal Psychotherapy
IPT

Interpersonal Therapy

- Time-limited therapy (12-16 weeks)
- Manual based in research
- Empirically validated
- Depression occurs in an interpersonal context
- Modifies disrupted relationships or expectations
- Goal of treatment is symptom relief

Research on IPT Efficacy

Systematic review of research published between 1995 and April 2013 on efficacy of IPT for PPD

- Included group IPT and Partner Assisted IPT, and IPT oriented preventive interventions for use in pregnancy
- IPT alone (or with meds), may shorten the time to recovery from PPD and prolong the time spent in clinical remission.

(Miniati, M. Arch Womens Ment Health. 2014 Aug;17(4):257-68)

Therapist's Stance

- Patient advocate
- Unconditional positive regard
- Supportive, warm, genuine, empathetic
- Directive/active
- Psycho-educational
- Not using/discussing transference

IPT Strategies

- Teach communication skills
- Model direct communication
- Role-playing
- Conjoint sessions for communication analysis

Interpersonal Therapy (IPT)

IPT Focuses on Three Problem Areas:

1. Grief and Loss
2. Role Transitions
3. Interpersonal Disputes

IPT

- Directly addresses interpersonal problems
- Goals
  - Reduce symptoms
  - Improve relationships and social support
- Strengths-Based and collaborative
- Short-Term Acute Treatment

Interpersonal Psychotherapy, Clinician's Handbook, 2012 www.iptinstitute.com

3 Components of IPT

1) **GRIEF:**
   "Normal" vs. "Abnormal" Grief

Goals of Treatment:

- Hear the story
- Facilitate the mourning process
- Facilitate feelings and normalize
- Explore conflicted feelings about loss

3 Components of IPT

2) **ROLE TRANSITIONS:**
   Life-cycle transitions
   Social transitions

Goals of treatment:

- Facilitation of grief
- Expression of affect
- Acquisition of new coping skills
- Development of new attachments
- Development of new social supports

3 Components of IPT

3) Interpersonal Disputes:

Identify stage of the dispute

<u>Goals of Treatment:</u>

- Modify communication patterns
- Reevaluate expectations in relationship
- Assist client in communicating needs
- Negotiate a settlement
- Often involves couples counseling

Interpersonal Psychotherapy During Pregnancy

IPT for Depression in Pregnancy

Initial phase

- Evaluate circumstances of conception and pregnancy
- Evaluate support systems
  - social, financial, emotional
- Interpersonal inventory

Spinelli, M. et al. J Clin Psychiatry 2013;74(4):393-399

IPT in Pregnancy

Middle phase

- Interpersonal skill development
- New emotional equilibrium
- Encourage affective expression
- Significant others may be invited to work on interpersonal issues

IPT in Pregnancy

Ending Therapy

- Affirm all that has been learned
- Create a postpartum plan

Spinelli M et al. J Clin Psychiatry 2013;74(4):393-399

IPT Postpartum:
Initial Sessions

Goals:

- Identifying postpartum depression as a medical disorder
- Placing depression in an interpersonal context- *interpersonal inventory*
- Reviewing patient's past and current interpersonal conflicts
- Client and therapist collaborate on identifying interpersonal problem areas most related
- Set treatment goals

IPT Postpartum: Intermediate Sessions

Goals- Address the following:

- Conflicts with partner or extended family
- Loss of social/ work relationships
- Losses associated with birth
  - Previous perinatal loss
  - Identity loss
- Death of significant others

IPT Strategies - Postpartum

Role Transitions:

- Loss of independence
- Transition to parent role
- Need for social support in new role
- Decision to stay home or work

IPT Strategies - Postpartum

Role transitions:

- Grief of loss of old role
- Poor adaptation to new role
- Rejection of new role

IPT Strategies - Postpartum

Interpersonal Disputes:

- Discuss unmet expectations about infant care
- Discuss intimacy including sexuality
- Goals of treatment:
  - Modify communication patterns
  - Re-evaluate expectations in the relationship
  - Assist client to communicate her needs
  - Negotiation skills

IPT Postpartum: Final Sessions

Goals:

- Therapist reinforces patient's competence in overcoming depression/ anxiety
- Discuss plans for termination of therapy
- Works with patient to determine a plan should the depression reoccur

IPT Efficacy

- IPT is the best validated treatment for postpartum depression and should be considered first-line treatment, especially for depressed breastfeeding women. (Stuart, S. Clinical Psychology and Psychotherapy Clin. Psychol. Psychother. 19, 134–140 (2012)
- Superiority of IPT to CBT for the treatment of perinatal depression; greater decreases in symptoms from pretreatment to post-treatment

(Sokol LE *Clin Psychol Rev*. 2011 July ; 31(5): 839–849)

Group Psychotherapy

Therapeutic Factors in Groups

- Altruism
- Imitative Behavior
- Interpersonal Learning
- Group Cohesiveness
- Catharsis
- Existential Factors

I am not the only one!!!

- Instillation of Hope
- Universality
- Imparting Information
- Corrective Recapitulation of Family
- Development of Socializing Techniques

I. Yalom, *The Theory and Practice of Group Psychotherapy*, 4th Edition, Basic Books, 1995.

Group Psychotherapy- Perinatal

- Decision: Psychotherapy or Support Group?
- Format: Open vs. closed group
- Screening participants?
- Ground rules: confidentiality, boundaries, etc
- Informed consent forms
- Fee schedule
- Educational components
- Babies welcome?
- Partners or other support people?

Group Psychotherapy-CBT—Efficacy

- 6 week program-statistically significant reduction in anxiety and depressive symptoms following the CBGT program
- Participants also reported high acceptability and satisfaction with this treatment for addressing their perinatal anxiety.

Group Psychotherapy- Perinatal

- Prevention vs treatment group
- Mulcahy, R. Arch Womens Ment Health (2010)13:125–139
- Spinelli, MG. Et al. J Clin Psychiatry. 2013 Apr:74(4): 393-9.
- Scope et al. BMC Psychiatry 2013, 13:321
- Green, S. Et al. Arch Womens Ment Health (2015)18:631–638

COUPLES THERAPY

Couple's Therapy

"Comprehensive care of a woman with PPD must include an assessment of her family system and, when indicated, treatment that extends beyond the woman as an individually identified patient." *Apfel and Handel, in Miller (1999)*

"Always assume you're working with a family."

Why Couple's Therapy?

- Partner support has a measurable effect on women experiencing PMADs (Misri, S., Kostaras, X., Fox, D., and Kostaras, D., Can J Psychiatry. 2000 Aug;45(6):554-8).
- Marital Disharmony is the most commonly cited non-biological "cause" of PPD (Stuart S, O'Hara MW. Arch Gen Psychiatry. 1995 Jan; 52(1):75- 6).
- Synthesis of 48 studies in pregnancy and postpartum found 10% of men were depressed http://jama.jamanetwork.com/article.aspx?articleid=185905)
- Couple' s therapy allows treatment for each individual as well as the partnership to ensure proper communication, understanding and support between mothers and fathers.

Couple's Therapy

- Couple's Sessions
  - Observe communication, interactions and sensitivities
  - Baby is often included in joint sessions, in order to give the therapist an opportunity to observe attachment, bonding, and parenting styles

Couple's Therapy--Benefits

- Mother feels this is not just her problem
- Partner is able to take a role treatment and an active support role
- Partner can receive assessment/treatment for any underlying depression/anxiety/other issues
- Therapist can assess relationship directly—no misunderstandings
- Therapist can observe interactions with the baby, cooperation with each other, etc. *(Apfel & Handel, in Miller, 1999)*

Couple's Therapy Themes

Specific issues to address:

- Grief and different forms of grieving
- Identity changes
- Role Transitions/ difficulties
- Communication difficulties
- Intimacy- (may include Sex Therapy)

Couple's Therapy Goals

- Provide a safe place for each partner to share
- Remain neutral
- Educate couple
- Normalize the experience (they will be well)
- Serve as "translator" and "coach"
- Serve as grief counselor
- Help establish support systems and resources

Couple's Therapy--Strategies

- Communication analysis
- Teach communication skills
- Model direct communication
- Role playing
- Identify and alter unrealistic thoughts/expectations
- Teach problem-solving skills
- Teach anger management skills
- Use "permission-giving" to foster self-care
- Teach/model parenting skills

Partner Assisted IPT

- Goal of PA-IPT is for the partner to become a literal therapy "partner," extending the therapy to life between sessions.

Brandon A. et al. Arch Womens Ment Health (2012) 15:469–480

Partner Assisted-IPT Goals

- Identifying the existing maternal and paternal stressors
- Identifying the dyadic expectations each hold around the roles of “mother” and “father”
- Uncovering core emotions around the stressors and expectations, exploring the realities and modifying appraisals where indicated
- Enlisting the partner in accepting the woman’s feelings and responding in a “language” that she perceives as supportive

PA-IPT

- Assessing the couple's interactions, illuminating negativity and experimenting with more positive interchanges
- Increasing the partner's emotional and instrumental support, thereby reducing the maternal stressors

Couple's Therapy Challenges

- Childcare
- Partner willingness to attend therapy
- Neutrality by therapist
- Secret-keeping by therapist
- Domestic Violence (couple's sessions are generally contraindicated if DV is present)

Postpartum Couples DVD

www.DrChristinaHibbert.com

http://www.drchristinahibbert.com/free-postpartum-couples-online-dvd/

Mother-Infant Therapies

Supporting Positive Attachment

- Support and Intervention
- Assessing disruption in bonding and attachment
- Evidence-based approaches to facilitate secure attachment

Impact on Bonding & Attachment

- Dysregulation of sensitivity and responsivity
- Mother's self-criticism
- Avoidance of connection
- Anxious Mothering
- Isolation from social support
  - Overwhelmed
  - Fear of being seen
  - No community learning

Methods of Intervention

- Psycho-educational
- Supportive: Reducing Stress for mother
- Developmental & Relational Guidance
- Adult Psychotherapy
- Parent-Infant Psychotherapy
- Infant Massage

Psycho-educational Themes

- Self-care
- Responsiveness/Reactions
- Anxiety Reduction Techniques
- Symptoms vs. Identity
- Baby-care and soothing
- Communication Skills
- Developing support system
- Parenting Techniques

Examples of Evidence-Based Parent-Child Therapy

- Watch Wait and Wonder (Cohen N. et al. INFANT MENTAL HEALTH JOURNAL 1999, Vol. 20(4), 429–451 (1999)
- Child Parent Psychotherapy (http://main.zerotothree.org/site/DocServer/Reyes_copy_for_the_Insider.pdf)
- Circle of Security (http://circleofsecurity.net)
- Infant Massage (Field, T. et al (1996). Massage therapy for infants of depressed mothers. *Infant Behavior and Development, 19,* 107-112)

Positive Attachment Goals

- Experience infant as vital, contributing individual in the relationship
- Able to experience infant's behavior without insecure projection and negative interpretation
- Able to accept infant's behavior and feelings and tolerate her own feelings, with flexibility and consistency ("containing")
- Develop insight, patience, and acceptance

Facilitating Empathic Relationship

- Validating, empathizing, encouraging
- Framing, holding, and contextualizing
- Creating a new interpretation of baby' s responses
- Creating a safe place for parents to process and question

- Engaging support and follow through

Common Therapeutic Issues/ Research-Based Tools

Common Perinatal Therapeutic Issues

- Self-esteem/self-worth
- Parenting
- Grief/loss/trauma
- Couples'/relationship/family issues
- Sex Therapy
- Self-care
- Sleep
- Exercise
- Body image
- Stigma/guilt/shame
- Overcoming powerful emotions (fear, worry, anxiety, despair, worthlessness…)
- Breastfeeding/infant care
- Spiritual concerns

Sleep

(Beck & Driscoll, 2006)

- Sleep often the first dysregulated area
  - Melatonin (responsible for maintaining sleep cycle) is important in this resetting process but is diminished with sleep deprivation
- Create a plan to improve sleep
  - Bring in help for sleep
- Ideally, help her sleep 6-8 hours (deep sleep) for 3 days in a row
- 5 hours minimum for mental health functioning
- Encourage breastfeeding moms to pump
- Natural sleep aids—melatonin, l-theanine, lavender/ sandalwood/vetiver/roman chamomile essential oil
- May use small dose of prescription sleep aid as needed

Complementary Therapeutic Methods

- EMDR (Eye Movement Desensitization Reprocessing)—highly validated/effective for trauma
- Biofeedback
- Clinical hypnosis—shown to significantly improve symptoms of depression; "a viable nonpharmacologic intervention for depression" *(Shih et al, 2009)*
  - Case study—useful for PPD; attends to specific problems presented by client, develops client coping skills, and prevents recurrence *(Yexley, 2007)*
- Exercise—help create a realistic plan *(8 Keys to Mental Health Through Exercise)*

Mental Health Benefits of Exercise

- Increases levels of serotonin, dopamine, and norepinephrine in the brain. Also increases endorphins. *(Biddle & Fox, 1989; Chouloff 1994, 1997)*
- Enhances mood and energy *(Thayer, 2011; Griffin & Trinder, 1978)*
- Improves cognitive functioning *(Young, 1979)*
- Reduces and helps us manage stress *(Mayo Clinic 2012).*
- Improves quality of sexual intimacy

Mental Health Benefits of Exercise

Can prevent and even "treat" various mental disorders

- Depression & Perinatal Depression *(Blumenthal et al., 2007)*
- Anxiety & worry *(Otto & Smitts, 2007)*
- Bipolar *(Mohammed et al., 2009)*
- Schizophrenia *(Gorczynski & Faulkner, 2010)*
- Can also significantly help emotional issues such as
  - Grief
  - Stress *(Gerber et al., 2013)*

Complementary Therapeutic Methods

- Aromatherapy & Essential Oils
  - positive impact as adjunctive treatment for postpartum anxiety and depression
  - Significant improvements on EPDS & GAD-7 scores w/no adverse effects
  - Aromatherapy or hand technique—lavender, rose (Conrad & Adams, 2012)
- Safety—pregnancy, postpartum, babies, breastfeeding
- "Quality matters, folks!" Dr. Nicole Parish, Johns Hopkins

www.MotherhoodEssentials.org

Aromatherapy/Essential Oils

- Uses for Pregnancy:
  - All natural support through all three trimesters
  - For physical discomfort: abdominal, venous, rectal, perineal, skin irritations; digestive support; immune support;
  - Emotional & sleep support
- Uses Postpartum:
  - Emotional support; mental clarity; fatigue/energy boost
  - Sleep support for whole family
  - Relaxation/stress support
  - Immune system boost
  - Breastfeeding—nipple soothing
  - Safe for baby (calm, soothe, sleep, etc)

www.MotherhoodEssentials.org
https://www.facebook.com/groups/motherhoodessentials/

FREE Therapeutic Resources

www.DrChristinaHibbert.com
www.MotherhoodTV.net
YouTube, iTunes, SoundCloud

www.MotherhoodEssentials.org
FREE 4-part Webinar Series!

support@drchristinahibbert.com

FREE Personal Growth Resources

Thank you!