Perinatal Mood and Anxiety Disorders and Military Life
September 28, 2023

For questions regarding this transcript or webinar, email Contact@OneOp.org.

KALIN GOBLE: Hello and welcome. I am Kalin Goble. I am with OneOp and I will be moderating today's session. And happy to welcome you all to this webinar on perinatal mood and anxiety disorders and military life.

If you're joining us for the first time, I'd like to give you a brief tour of our webinar platform so you can find your way around. Hopefully you're currently able to view the slides we're sharing. If you're unable to see them or have any difficulties, please email us at Contact@OneOp.org for tech support.

We look forward to having you join us in the chat pod today for conversations and questions. So to embed the chat pod so you don't miss any links or conversations, simply place your cursor over the shared slides. You should then see a toolbar pop up across the bottom of your screen. And from there just click the chat bubble icon.

When typing questions or comments, please be sure to select "everyone" from the response drop-down menu so everyone is able to read your comments in the chat pod. Slides and resources are available on the webinar event page. I will be covering continuing education information at the end of this webinar. So please stay tuned to the very end if you're obtaining CE credits or wish to receive a certificate of attendance.

And I will cover the how-tos then. Finally, closed captioning is available for this webinar. You can turn on subtitles via the Zoom toolbar as well.

Thank you for joining us as we continue our partnership with the Department of Defense and the US Department of Agriculture to expand the readiness, knowledge, and networks of professionals supporting our military service members and their families.

For today's session, we are joined again by Summer Jones and Jennifer Novak. Summer Jones is a senior writer and training specialist at 0 to three. There she provides training and consultation for the US Army, parent support programs, home visitors, support their work with military-connected parents.

She is an endorsed infant mental health mentor and experienced home visitor, supervising and managing a counseling program that provides in-home mental health services and parent education to mothers who are screened as at risk for depression.

She's also provided program and technical support to states, territories, tribes and communities, implementing federally funded grants and programs, supporting early childhood development, mental health, wellbeing, and education.

Jennifer Novak is a senior writer and training specialist for the military family project's 0 to Three as well. She has a special focus on the needs of families impacted by trauma and applies a trauma-informed lens in her work.

She provides training and technical assistance to professionals and develops evidence-based resources designed to support military families with young children. As a former military spouse herself for 10 years, she brings personal experience and knowledge of the issues surrounding military and veteran families to her work.

She holds a master's degree from Florida State University in social work and a bachelor's degree from the University of Florida in family, youth, and community sciences. She also holds LMSW in the state of Maryland and provides part-time mental health counseling services to children and adults.

And before I officially hand things over, one more reminder that throughout the session, we will be providing resources and links mentioned throughout the presentation in the chat pod. You can download a list of the webinar resources as well as a hand-out of the slides on the bottom of the event page.

And again, CE information will be covered at the conclusion of today's session. With that, I am happy to officially turn things over to Summer to begin.

>> SUMMER JONES: Thank you so much, Kalin. We are honored to be here with you all today and excited just to be with OneOp again for another webinar. And today specifically to discuss supporting military connected families as it relates to the mental health of caregivers.

Jennifer and I are also honored to represent Military Family Project's Zero to Three, a national nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.

Our mission is to ensure that all babies and toddlers have a strong start in life, and we envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.

Our focus for today, generally -- oh, I'm sorry, I jumped the gun. I'm so sorry. Before we get started on our focus, we're going to engage in a quick poll. This is anonymous. Feel free to be as honest as possible.

Just rate yourself at this point with the following statement. I feel confident and prepared to support parents and/or caregivers with perinatal mood and anxiety disorders.

And you can select strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with that statement.

Thank you so much. So we can see there's a wide range, which I think is really exciting and helpful here. The majority of you selected agree. So you're feeling pretty good about it and maybe feel like there's some more you have to learn to feel more prepared to support parents and caregivers with perinatal mood and anxiety disorders.

So thank you so much. I wanted you just to kind of check in with yourself about that as we get started today.

And so next, I want to invite you to use the chat function, and as you thought about how prepared you feel as it relates to this topic, if you could identify one thing that you hope to learn or learn more about today. And if you could just share that in the chat.

One person shared: What affects moods the most. I would like to learn more about how to approach the family when you suspect an anxiety or mood disorder. Awesome. Yes. That's often the first step. Absolutely.

How to talk to families. Resources to share as it relates to this. Absolutely. What resources are available for military families specifically. Yes. Different strategies. Ooh, how does anxiety disorders affect the fetus? The best way to support families. Signs and symptoms. This is excellent because while I wish we could cover all of these things in 90 minutes, this is really helpful to know because it could inform future trainings and resources that are created on this topic.

Absolutely. I really appreciate you all putting the thought into this and then willing to share. And I love seeing the rest of these come into the chat. So thank you so much.

So we will dive in to defining perinatal mood and anxiety disorders or PMADs. And this is really important because generally when a woman is pregnant and gives birth, her mental health and wellbeing is often thought of as postpartum depression. That's kind of the default term or even maybe default way of thinking about it.

And this is likely due to a lack of understanding of the range of perinatal mood and anxiety disorders. Or it might be just because that feels the simplest and it's the most well-known. So hopefully we can begin providing more education to the families we work with, to the professionals we collaborate with, and I think really just society to really help educate and provide a greater understanding of the range of PMADs that families experience.

So to start, we first want to define perinatal. Because that's the first term in this title. And I do think this term perinatal is getting used more often. So this is the period of time during pregnancy through childbirth and postpartum.

So we're not waiting until baby is born to check on mom's mental health or just the mental health of the family. So we want to keep that in mind as we think about perinatal. It's that entire time of pregnancy through the postpartum period.

And while many parents notice some minor mood changes during pregnancy or after the birth of a child, about 15% to 20% of women experience more significant symptoms of depression or anxiety.

And many people either tell themselves if it's happening to them or are told by others that it's likely just their hormones and/or they're really tired, they're adjusting. And so as a result, they might not seek support.

But we really want to encourage people to absolutely share their symptoms and get help if needed. We also know that 10% to 20% of men experience more significant symptoms of depression or anxiety during this time as well.

So it is not limited to mom. And that is something we will discuss today too. We also know that symptoms can appear any time during pregnancy or after childbirth.

So that's why we want to begin these conversations with families from the very beginning and continue them throughout. Just because mom has been feeling good all of pregnancy or in the first two months postpartum, that doesn't mean she's fine and we don't need to check in about it anymore, and same goes for dad.

So they can appear at any time. And we know symptoms can vary by age, gender, culture, and then, of course, other individual and environmental characteristics. So it's not going to look the same for every person which is really important to keep in mind as we walk through some symptoms today, knowing that there's no one way it's going to present itself.

I think the most important part is recognizing when the symptoms are having a significant impact on the parent's functioning and their capacity to parent and get through day-to-day life.

Sorry, I skipped ahead way too quick there. So to start out, we will define the different types of PMADs and quickly discuss the average rate at which they're experienced.

So for perinatal depression, which is the most common, which is probably also why we hear about it the most and talk about it the most. So about 15% of women end up experiencing clinical perinatal depression.

And as we said, around 8% to 10% of men. There's also perinatal anxiety. This is a little bit less, and this affects about 6% of pregnant women and about 10% of postpartum women.

Next, there's postpartum post-traumatic stress disorder, and this one, this number might see a little high to you, that about 9% of postpartum women may experience this.

Then there is perinatal obsessive-compulsive disorder. This is a little bit lower. It's about 3% to 5% of postpartum women are affected by this.

There are bipolar mood disorders, and this one you'll notice doesn't have an average number or rate next to it. It is quite difficult to quantify during this period for a few reasons. One of them because many women are diagnosed for the first time with bipolar depression or bipolar mood disorder during pregnancy or postpartum, even if they have had it before, but maybe they didn't know or it was misdiagnosed.

Maybe it was misdiagnosed as depression or anxiety, which can be kind of common. So it is just hard to quantify how often this does occur during the perinatal period.

And then the last one is postpartum psychosis which affects the fewest or least amount of women but is actually the most serious. So we'll talk more about these now, about how they may present and how we may support parents through it.

But kind of like I mentioned a minute ago, I think a helpful barometer to use is does this feel very different than your norm? That's kind of a good way to know and I think help people kind of check in with themselves and figure out if it's just much different than regular or if it really feels like something serious.

So to start out with perinatal depression, we really want to make sure we help parents understand this is more than the baby blues, which is very common. And maybe they don't even know they may experience the baby blues. That might be something coming up. So that's another reason education is so important, that we let them know up to 80% of mothers are affected by the baby blues or have them.

Which means they might be having some mild feelings that last a couple of weeks and then go away on their own. But when it's more than that, and it might be perinatal depression. So that would include also feelings of anger, maybe extreme sadness, some guilt, maybe even a lack of interest in the baby.

So you can imagine having a lack of interest in their baby would likely also lead to some feelings of guilt. And likely make them feel really uncomfortable or even ashamed to talk about that, to even mention that to someone.

They also might experience irritability, major changes in their eating and sleeping habits, not the normal ones attributed to having a new baby, being tired, maybe breastfeeding, all these things that do create some changes in eating and sleeping habits.

They may also experience or report trouble concentrating and thoughts of hopelessness. So it can be really easy for these symptoms to go unnoticed or be brushed off because of all of the major changes happening with being a new parent or bringing a baby home.

But we don't want to make assumptions. And we don't want mom or dad or family to make assumptions. We really want them to take their symptoms seriously and to understand that these symptoms are something and mean something.

With perinatal anxiety, it's common for the designs and symptoms to be mistaken for depression or attributed to other factors. But this may present as a parent noticing or sharing with you that they're having some really extreme feelings of worry or fear. They're kind of always imagining these scary or horrible situations happening to their baby or to them.

They might experience panic attacks or symptoms of them. So maybe hot flashes, dizziness, nausea, they might have some racing thoughts, and maybe even difficulty or inability to sit still.

And I was thinking about it. I remember working as a home visitor and really noticing this presented sometimes with families I worked with, and being presented as the house always being exceptionally clean.

And the parent constantly worrying about any mess or cleanliness, and not in a way that it was, oh, I want my house to feel clean and lovely for me and be a healthy place for me and my family and my baby. But rather, and it was pretty clear it was because it brought great stress to the parent for things to be out of place or just for there to be any type of mess at all.

And that is an example of how the perinatal anxiety may present itself.

Next, we're going to think about -- sorry, I skipped ahead too quickly. There we go.

Postpartum post-traumatic stress disorder, which maybe some of you haven't even heard of before. It is a very real thing. So usually this illness is caused by either a real or a perceived trauma during delivery or the postpartum period.

And like mental health symptoms and illnesses, it is the parent's personal experience and what that experience means to them, that kind of decides if the experience was traumatic or not.

So while their experience may not seem significant to one person, it might be very traumatic to them. And so this might include anything unexpected during labor or delivery. And oftentimes if a parent reports feeling really upset or stressed or traumatized by unexpected changes, unexpected birth story and delivery, they might really be brushed off and people to think, oh, you didn't really think it was going to go as you expected.

Or no big deal, at least you and baby are here and fine. But in reality, that can be traumatic for some people. This could include if labor and delivery involved a prolapsed cord, an unplanned C-section, use of anything like a vacuum or forceps to deliver the baby, baby going to NICU, or even just feeling kind of a lack of control or lack of support during the delivery can lead a parent to feeling this way.

And to struggle with post-traumatic stress disorder as a result. We also know women who have experienced a previous trauma, possibly such as rape or sexual abuse, may be at a higher risk for experiencing this.

It also might be if a woman has experienced a severe physical complication or an injury related to pregnancy or childbirth. This may include severe postpartum hemorrhage, unexpected hysterectomy, severe preeclampsia, anything really can lead to this.

So if a mother is sharing that this is something she's really struggling with or that it felt traumatic, we really want to take her seriously. I'm sorry these slides are going quite quickly when I move them.

For perinatal obsessive-compulsive disorder, I want to say this is probably the most misunderstood or misdiagnosed of perinatal disorders.

And what this often looks like is the parent having repetitive, unwanted and upsetting thoughts or obsessions. These might be compulsions that they engage in to reduce the anxiety caused by their thoughts. This might bow a hypervigilance to protect the infant. So maybe never leaving the infant's side. Not willing to ever leave baby even with dad or another family member for mom to get a couple minutes of a break.

And just always wanting to be in the presence of their baby. And it's not because they don't trust others, but it is they're struggling with this. And it might include fear of being left alone with the infant. If they report that.

We know these symptoms experienced by parents are often similar to those of perinatal anxiety disorder. But the difference being that with perinatal OCD, is that the person might create these compulsions and go out of their way to avoid triggers or avoid the worry about harm to their baby.

So that's where it differs from anxiety. And research tells us that these thoughts are anxious and not delusional. Which explains why a person with perinatal OCD is pretty unlikely to ever act on their thoughts. They're simply just overwhelmed by these thoughts. But unlikely to act on them.

Because of the highs and lows that a person experiences during pregnancy or after birth and with a new baby at home, a person might not notice that anything is wrong or that they're struggling with a bipolar mood disorder. The highs and lows almost balance each other out

sometimes so that mom might feel really bad and worry what's going on, but then she kind of suddenly feels better and is on the other end of the spectrum or extreme.

And kind of feels like, oh, wait, I'm fine, that's silly. I was just having a hard time but I'm better now. And that makes it a little easier for them to brush it off almost. But we know symptoms of bipolar mood disorders can resemble severe anxiety or depression. What kind of defines it is if these symptoms are lasting longer than four days and really interfering with their everyday functioning and relationships.

And what's really, really important with bipolar mood disorders is their history, to get a sense of this is something they've struggled with before and that would I think provide really helpful information to know if that's what's going on in the moment.

Then lastly, postpartum psychosis, which is a rare psychiatric emergency, and I think that is a keyword here. It is an emergency that occurs really only in about 1 to 2 out of every 1,000 deliveries.

It includes symptoms of high mood and racing thoughts or mania, symptoms of depression, maybe confusion, loss of inhibition, then really what really sets it apart from others is symptoms of hallucinations and/or delusions.

And this is how it differs from OCD because these are actual hallucinations and delusions that could put the mother and baby at risk. It occurs suddenly. It comes on very suddenly and most often in the first two weeks after childbirth, but it can really appear any time in the first year.

The most important and significant risk factors for postpartum psychosis are personal and family history of bipolar disorder or a previous psychotic episode.

So I think that serves as a great example of the importance of that personal and family history that gets collected during intakes with families.

I think just to kind of relate it to everyday life, usually the cases we hear about on the news where a mom maybe takes her own life and/or that of her children, it can often be attributed to postpartum psychosis.

And many times these women report they heard a voice telling them to do something. Postpartum psychosis does not always involve destructive or violent delusions or commands. So I want to make that clear. But I just wanted to say that usually when we hear about things like that happening, it can be attributed to this but it is not the only way that it is experienced.

Most women who experience this do not harm themselves or others. The rates of suicide or infanticide with this are very low, only about 4%. So most women do not harm themselves or others. But with the irrational thinking and irrational judgment, we know that there is a very real risk of danger.

So it is absolutely critical that the mom be assessed, and that if any of these symptoms are reported, that it is treated as an emergency and their doctor is called or an emergency crisis hotline is called immediately.

So that's kind of the quick definitions of PMADs. And we want to remember that mental illness is different than mental health. Because I feel like we talk about mental health, luckily in a great way. We talk about mental health a lot. We all have mental health. Just like we all have medical health.

But we do want to remember that about 1 in 5 adults experience mental illness. So even if someone doesn't experience mental illness or to date does not have a diagnosis, we know significant stress can impact a parent's wellbeing.

And during pregnancy and postpartum, this also impacts their babies and children. So in addition to the regular everyday stress of parenting, and in the past few years, the added stress that came with a global pandemic and other world events, a few studies have looked at how people are doing since the start of COVID.

And research shows us there are increasing numbers of people reporting clinical symptoms and levels of depression and anxiety. And I think that's really, really important to know because I think all of these factors kind of overlap and impact each other and it's just something to keep in mind as we support expectant families and new parents.

I'm going to turn it over to Jennifer now.

>> JENNIFER NOVAK: Great, thank you, Summer. Hi, everyone. This is Jennifer Novak. We're going to go ahead and start with a brainstorm in the chat pod. But this is for you to reflect on. What factors do you feel like would impact a military-connected family with regards to this topic of mental health and PMADs?

So please in the chat pod, if you have any thoughts or ideas around what are some of the variables, some of the things that might come up for a military family or contribute to impacts of mental health and mental health concerns for military families?

And we'll give a few minutes for folks to share in the chat. And I'll read aloud some of those ones that are getting sent in.

All right. I'm seeing a lot of thoughts on this one. Distance from family. So not having that nearby support network. Moving, PCS moves. I saw a couple of comments in here about moving or feeling like you're moving constantly.

Time away in which the military active duty member is away, whether that is for deployment or whether that is for times of training or other things that might be coming up or that military service member has to be away.

Uncertain living location. That's a really great point. One of the things, and again, I'm a former military spouse and was one for about ten years, and one of the things I can speak to anecdotally is there is so much uncertainty about what's going to happen.

So even with all the stressors that military families experience of change and moving and time away from family, deployments, many of the things that come up, one of the things that can be so difficult to deal with is the lack of knowing when those things are going to happen.

Even though the military does attempt to establish dates for major things like deployments, those often wiggle around quite a bit, and it can be very frustrating as a family to not know where are you going to be living in a couple months.

I also saw a couple thoughts on moving within six weeks of giving birth to your first child. If you joined us during the last webinar that we did with OneOp, I think I shared the story of moving when my daughter was less than 2 weeks old from Florida to California. So absolutely.

Then I saw a couple comments about being unaware of supports or being new to an area. Absolutely right. One thing I do want to really emphasize and share with this audience, and I know we have many folks in here that are military connected or are actively serving military families is that when we're talking about the spouse's experience of what they're aware of and what they know, depending on how involved they are with command activities

Or how involved they are with the military community, even if you have a high level involvement, the conduit of how information flows between what is happening on the active duty planning side and how that impacts the family is often the service member themselves.

And I think that's an important thing to call out because while we hope that many families have great communication around this, there are also many families where that communication isn't quite so streamlined.

And that can be a very frustrating experience for spouses who might be going through a hard time when they're not necessarily made aware of the things they might be eligible for or what services are out there, especially if they're relatively introverted or childhood to kind of keep things close to their family or get don't get very involved.

I won't speak further on that, I just think it's important to note. And we can go ahead and move on to the next. So let's go ahead and take a look at some of the contributing risk factors of what can impact mental health being a military family.

So personal or family history of depression, anxiety, or postpartum depression, which we know applies to all families, but certainly impacts military families as well.

Then as we're going through this list, note the ones that have been highlighted or bolded because these have special impacts because of the military family experience.

Limited support in caring for the baby. So this can be an extreme contributing factor to postpartum depression and other PMADs. And then knowing the military family experience of moving frequently and being away from your support network, possibly on the other side of the word.

This can create situations where new mothers and new parents are very limited in who they might trust to be around their child. Coming out of the COVID-19 pandemic, there's also quite a bit of health anxiety around allowing other helpers to assist, especially before a child is able to receive vaccinations and things like that.

So it can be very difficult, not just being away from support networks, but also not having the comfort or safety of allowing new individuals that you might have some relationship with to really provide meaningful support that makes an impact on how the family is doing.

Financial stress. It's definitely a myth that military families are 100% capable of meeting all of their financial needs. There are very, very many military families that do struggle financially, especially those of lower rank or who have been in the military for fewer years.

Then looking into -- and it's not listed here, but things that can impact that include things like how much is childcare going to cost? How much is housing costing? Is housing even available? And of that can certainly contribute.

By nature of military service, it does create quite a bit of increased stress for married couples. There's frequent separations and returns, lots of changes in routine. For families that do not come from that military lifestyle, looking at what a military family goes through over the course of even a selected 12-month period might seem really extreme, but that's a very common way of living in military families.

And it can become so normalized and at the same time can still contribute to marital discord or stress. That in turn can impact how either parent in that family is responding to mental health.

Complications in pregnancy, birth or breastfeeding can contribute here. Major life events, like losses, moving a home, a job loss. If you consider the experience, for example, of a military spouse who is moving from one location to another, that in and of itself can feel very much like a loss. You are saying goodbye to a support network you've established in a given area. You do have to move. There is going to be a relocation associated with that.

And for those military spouses that are working, if they're unable to transfer their job or work remotely, that might also coincide with an employment loss. So PCSs for military spouses aren't just a difficult time for the sake of moving from one location to another, but considering all of the loss that can be associated with that as well.

Mothers of multiples are at higher risk of experiencing postpartum depression or other PMAD-related items. We also have maternal age. So the younger military families might experience higher risk around this.

Mothers whose infants are in the NICU or have other specialized health complications are at higher risk. Mothers who have gone through infertility treatments are at higher risk. And those mothers who are unable to stay home for an extended period of time and have a quicker return to work are again also at higher risk of experiencing complications related to the perinatal mood disorders sort of umbrella.

So what do we know about the research for military partners and spouses? And what do these figures look like in military families? So rates of postpartum depression or PPD are higher for women when spouses are deployed during and after pregnancy.

And this can be an extraordinarily stressful time for families. For military families, it is accepted in many ways that there is no guarantee that your spouse will be there whenever you have your baby or will be able to accompany you to your prenatal appointments or be really part of that pregnancy experience.

And for those families who do experience sort of an overlap of military duties that take away the active duty service member during this critical period, that is a higher risk indicator of PPD for military spouses.

Now, there are some mitigating factors that can assist based on research. Length of deployment. So if the deployment is not super, super long, then that can have a better impact on the risk of PMADs for the military spouse.

If the military spouse receives interventions at pregnancy, as a military spouse, one of the most helpful things that I thought was so interesting was that whenever I was receiving my prenatal care, and this was back in 2009, that I was being screened for concerns around depression and anxiety even during that prenatal period, which is not always a common practice.

But I was being asked about that. And when I identified struggles with depression and anxiety prior to becoming pregnant, that was something that my providers were very attuned to, especially during my first pregnancy.

Another mitigating factor are support programs being offered through different installations. This is both a health and also at the same time can be a frustrating experience for some spouses where support programs can be wonderful when they're available.

But as we know, what available of services is based on installation can change. So for those of you working at installations or close to installations that have fewer access to mental health resources, it would not be a unique experience to have a family that has come from an installation that has tons of services and lots of access and then to have increased struggle or increased symptomology arriving at an installation in which those interventions are maybe not accessible or not available.

What we know about active duty mothers, so those mothers who are actively serving in the military and also are mothers as well, that between 9.2% and 19.5% of active duty mothers have reported with PPD symptoms.

The postpartum period of PPD symptoms among service women was higher in the Army at a rate of 12%, and lower in the Air Force of 7.3%.

Service women with PPD have higher odds for suicidality compared to those without PPD. So a significant, significant portion of active duty mothers have reported symptomology of PPD.

Now, there are some mitigating factors for the active duty mother. Some of the things that stand out from the research are that employment-related supports including healthcare and family support programs can prevent or are less associated with those individuals who do not struggle with PMADs or PPD.

And then for those that have personal investment and satisfaction in their role as both a service member and as a mother and a spouse, that those individuals tend to fair better when it comes to their mental health during the perinatal period compared to those who might struggle with those identities.

In speaking to active duty motors in my years as a clinician and in my years as a military spouse, for those that generally are satisfied with the support they receive, with their own social supports and family setup with how they manage both dual roles of being active duty military and being a parent, that they tend to do well.

And that for those individuals who really struggle with what the military requires of them and feels like that is competing with their role as mother or role as parent, that those individuals might have a higher risk of experiencing symptomology of PMADs, especially during the perinatal period, but in general, concerns around overall mental health as well whenever that circumstance exists.

Contributing factors. In addition to those listed, those that are working more hours per week. Again, higher risk of experiencing perinatal mood disorders. There's also a concern sometimes around revealing issues related to mental health due to fear of occupational repercussions.

This is a very real issue for many, many military families, especially those in which the active duty service member is struggling with mental health concerns. That by sharing the information with their command or sharing the information with healthcare providers associated with the command, that that could restrict or eliminate certain opportunities for a person's career trajectory if they come forward by sharing that information.

This is true not just for those individuals that are serving in active duty, but also for their spouses. Because we know based on certain installation access and what's available, that if there's any member of the family that has come forward and identified as having perinatal mood disorder concerns, that that is something that is observed and matched to where a family might be sent.

And there are some career trajectories in the military where that can be a limiting factor. So this is a very real issue, and something that's important to talk to families about.

Having increased parenting or occupational stressors can absolutely contribute to just mental health in general, but also that experiencing of PMADs. Those mothers that are younger and enlisted are at higher risk of experiencing perinatal mood disorders.

And again, those with a history of mental health challenges or experiences with birth complications are at higher risk as well.

All right. Before we transition back to Summer, I wanted to share a little bit about an experience I had, and I know that Kalin had shared the previous webinar, and in that one I had shared an anecdote around just generalized stressors of being a military family and some of the things and ups and downs you experience with that.

But for this particular webinar, I wanted to share a more specific experience about myself as a military spouse going through what many of us would consider a mental health crisis.

Now, I will share at the very beginning, that I'm doing fine now. In fact, I was doing fine relatively quickly based on how severe this was. But I thought that it was an excellent example of what it can feel like as someone who has experienced this, being a military spouse, and what we're going to do is I'll share this story then allow Summer to ask some follow-up questions.

In the chat, if you'd like to ask any questions as well, you're more than welcome to. We won't stay on this for too long though.

So back in 2016, probably February or March or so, I'll set up a little bit about what was going on at the time. So my spouse had just deployed. We lived in California at the time. And

the expectation was that he was deploying in early February and would be returning sometime later that summer.

At the time we had three children that were aged 5, 3, and 1. I was working full-time during this period and in fact except for a brief period, never stopped working full-time.

So again, spouse is deployed, I'm working full-time. I have three very, very young children. And on top of that, just managing day-to-day stressors and all of those things.

I did not realize it at the time, but I had been experiencing PPD since the birth of my third child. However, there was a lot of pressure or I felt there was a lot of pressure to keep going because there was no other choice. That was sort of the mindset that I had taken on.

Yes, things were stressful, and yes, it was a lot, but I was the one that needed to handle this. I was the one that needed to handle the day-to-day so I was going to buckle up and do it. And I say this as a mental health clinician. I'd already finished my degree at this time. So keeping all that context in mind.

About a month into my spouse's deployment, I received an email from him. He had been accepted into a very difficult, competitive training program that he had applied for prior to deploying but had assured me very unlikely that he would get in and to not even worry about it.

Well, during the deployment, I received an email that he had been accepted to the program and that due to the acceptance, he would be returning from deployment several months early.

However, because of the timing of everything and how long he needed to remain on deployment, this also meant that in addition to everything I was already managing that I was going to need to prepare and then sell our home.

I would need to move out of that home while he was still deployed into a new house because we know how house sales work, because until we actually PCS'ed, which would've been in June of that year, we needed to move quickly. We needed to get our finances and housing arranged, and then I was dealing with all of this on top of everything else.

So for a couple of weeks, things were going okay. And I say that with the lens of, they weren't. They were not going okay. I was really, really struggling. But again, keeping that mindset of there was no one else. I have to get this done. I have to do it.

And after a couple of weeks after I'd received this and was just getting through, and reflecting on sort of the day-to-day at the time, it was a lot of waking up at 4:00 in the morning, getting my kids completed ready for the day, getting myself ready for work.

Driving and dealing with that, coming back home, getting home quite late, usually between 6:00 and 6:30. Having the whole evening routine of managing all of the children. Again, I had no

nanny support or anyone else sort of living nearby except for like some friends that I could occasionally ask to watch my kids while I ran a quick errand type thing.

Then after getting the kids to bed would spend several hours trying to start organizing and sorting and other things that needed to be done for the home sale. And after a couple of weeks, I woke up one day and I realized that I could not get out of bed.

This wasn't a physical limitation. There was nothing physically wrong with me in that moment. But I had become so overwhelmed with stress, and mentally had refused to acknowledge what was going on, that eventually my stress eventually overcame my entire body.

And it felt like I literally could not get up and move. So that's when I realized something was really not okay. I ended up calling into work and called in a sick day, and somehow got the energy and got it together enough to get my kids to their daycare provider and to school.

And I remember I came back home thinking, I just need to calm down. At the time I was actively having multiple panic attacks where they would start and then sort of subside and then start and subside. But I wasn't recognizing that. I just thought I was a little too stressed out and needed to take a day off.

But then the next day the same thing happened. And the next day the same thing happened. And I realized I had completely drained myself of anything I had left to give.

Now, the positive side of this story is I realized I needed to reach out for help. Now, that's a decision I could've handled differently and that probably would've led to a very poor outcome. But in that moment on that third day, that's when I finally picked up the phone. I called a military spouse friend who had mentioned her own struggles with mental health.

Sort of in her Facebook posts and things, and I thought that was really courageous of her at the time. Then when I was having the struggle, I reached out to her and said, hey Jamie, telling her what's going on, sort of laughing it off a bit. And she immediately said, I'm coming over. I will make sure it's okay.

I will go into all the details about what happened afterward but basically I opened up myself to be a bit more vulnerable and open about what was going on. I let my employer know. Had such a great relationship with that particular supervisor. She ended up taking a few days off herself to stay with me and my children.

I had several spouse friends helping at the time. Reached out to family, and even though I thought they would not be able to help support me while I was doing this selling of the home and relocation, one or two of them were able to come out and that was something I wouldn't have asked for if I hadn't been encouraged to.

In the end, my symptomology during this time was very intense and it took a long time for me to feel normal again. But that support network of people I realized to reach out to, that was ultimately what was able to push me into the helping range that I needed.

And that's when I was able to get formally connected to mental health supports through our installation at the time. Now, I share that story because I was a very functional person. Looking at me, I had it together. I wasn't presenting with any direct anxiety symptoms.

I wasn't presenting with any issues around not being able to handle things or anything like that. I literally went from, I was fine, to I cannot do this anymore at all, in the course of a night.

I'll share a bit more later as we're discussing around red flags that I'm now aware of. But I share this story because this can happen to anyone. We can see a very well-managed family who seems to be doing well, and just one little thing can really, really push things over the edge.

And it's so important as practitioners that we create space for letting families know that it's okay to not be okay and that we're communicating consistently around safety to talk about whenever those feelings do arise.

Summer, I know you had a handful of questions about this story so I'll open it up for that. If any do come in in chat, feel free to read those aloud as well. I'd love to share a little more about whatever would be helpful from this personal experience.

>> SUMMER JONES: Thank you, Jennifer. First off, thank you for sharing your experience and highlighting how even for a trained mental health clinician, you could still experience perinatal depression.

And given all that you knew, and all of your training, could still struggle to acknowledge it or accept it and get treatment. And because we know that is part of it, right? That is part of the illness, is that inability or struggling to knowledge it or accept it.

So I think especially coming from someone who is literally trained in this area to still go through that is such a great example of the support that families need, and sometimes the very direct questions that need to be asked to check in on people.

So one question I had, Jennifer, is as you reflect on the experience now, what were some of the signs that you missed or ignored?

>> JENNIFER NOVAK: That's a really great question, Summer. That was something that after I came out of it, still sort of mending my mental health and really reflecting on how did I allow myself to get there? I was still doing a lot of blaming at the time I think. And reflecting on that, I know that's not the best mindset to have.

But back then I was really drilling into myself. How did I get here? And thinking through, one of the things I had noticed was that it almost seemed like a gray cloud had been over me ever since I had found out about my partner's deployment, and that had come up the previous summer.

There were a couple of other things going on in my life at the time that I think were contributing to that. But generally there was this fear around managing this deployment with having so many children.

And I think at the time I really was focused on this idea that I needed to just get through it. I just needed to get through it and things would get better. And because I wasn't giving myself any space for any meaningful self-care or acknowledging that maybe I could use some help, the stressors that I was experiencing daily were just piling up and piling up.

And in my mind at least, I felt that admitting this was too much would be an admission of failure in some ways. So instead of doing that, I kept telling myself, I'm fine, I can manage this on my own. And again, this almost sensation of the day-to-day life just feeling darker and darker, that's something that really stands out to me.

And right before this particular couldn't get out of bed issue happened, I remember I was at my son's baseball practice one night, and he was only 5 at the time so they're just doing little tee ball stuff.

I remember thinking, I should find joy in watching this, and I feel nothing. And I think that was the biggest red flag that I missed.

Some other smaller red flags, not smaller, but other red flags too, I was having a lot of medical anxiety. I would notice -- for example, skin cancer runs in my family. And I would become really hyperfocused on a new freckle. This is not something that's ever been a problem for me, by the way, personally. But I would spend half an hour one night I remember, I was staring at my face thinking like, oh, my gosh, are these getting darker? Are they getting bigger?

Again, thinking this is a perfectly normal way of handling a concern, and in retrospect is my anxiety found something to latch on to and really honed in on it. That was another big one for me. I would say those were probably the two largest ones behaviorally that I noticed.

Something else that came up for me sort of right before and then also during what I would consider like the mental health crisis, was that it was getting so bad with my anxiety that I would actually have visual -- I would not say hallucinations, but I was definitely experiencing some visual changes.

I could be driving home and realize it felt like my vision was very sort of like lack of peripheral, like the more stressed out that I got. And I would tell myself, well, it's dark at night. This is normal. You have bad vision. Which is true.

But in retrospect, no. That was my body showing physical symptomology that I was not picking up on. I would say those are probably the three that stand out to me now.

>> SUMMER JONES: And as you were describing those vision issues, I was thinking too, it's so easy to tell yourself, to make excuses or rationalize it in that moment and say, oh, it's just because I'm tired. Or yeah, it's just because it's dark out, right? Rather than really wondering what it could be about.

I do want to acknowledge the comments in the chat, just thanks to Jennifer for sharing. And particularly this one that says I think expectations are very high and unspoken in the military spouse world because it is inherent in the military.

This is what I was thinking too as you were describing that, Jennifer. Just how as the military spouse, you said from the moment you heard about your spouse's upcoming deployment, it kind of cast this cloud over you almost.

Maybe you didn't even feel like you could acknowledge that yourself, let alone talk about that stress and anxiety with anyone else. So I completely agree, and thank you for sharing that comment in the chat here.

I think to wrap up, Jennifer, I know you shared some examples of social support that you received during that time. But if you could just share what else was helpful during that time for you?

>> JENNIFER NOVAK: That's wonderful. So there were a lot of practical supports that I received. I lived about 45 minutes away from our installation, and luckily I had social support.

Because there were several days where I was frightened to get in the car and drive just based on how impactful my symptomology was. Actually my old supervisor drove me to the base clinic. I remember they asked her if she was my mother, and I broke down crying because I thought to myself, what a lovely person for being here with me.

And I was able to get on medication and I was linked to a private therapist. Unfortunately at the time there were no mental health providers available at the installation so I went through my EAP through my employment.

So again, I'm just calling out the reality of it. I needed immediate therapy and it wasn't accessible at the time through the installation. But I did have other accesses to that which is what ultimately really got me through.

The fact that I had a supportive employer was extremely helpful. And the spouses that were aware of what was going on, they also really, really stepped up and were such a support.

I think the biggest thing that ultimately helped me, and I know this is not like a military service or an intervention that I can point to and say we really should be promoting this, but in my particular case, I had really adopted that mindset of "just get through it, just get through it."

This is where I always worry about the sort of value, not value. I guess that's not the right word. How we intertwine the idea of personal resilience and personal strength, in some ways that can be interpreted as almost a character judgment. The more resilient you are, the better, right?

So when you can't meet those expectations, when your resilience is no longer high enough, it can really feel like a personal failure, and because in the military, this is such a highly valued thing and you have to be able to do it, it can feel like where do I go? What am I supposed to do? How can I tell anyone when everyone's going through what I'm going through?

So for me, having people in my life, these informal supporters who I had seen share their own stories. And this is why I feel like it's important for me to talk about mine. Seeing other people share about what they experienced gave me the courage to open up and reach out.

I wrote about this in an article. I didn't share it with Kalin, that I'm happy to later. But the way I described it was lighthouses in my life had appeared. And I noticed them but hadn't really paid much attention.

And in my own time of crisis, I remembered, wait. There's lighthouses. I need to go and find them. And that's what I did. I reached out to the people that had shown that they could be safe, that had shown that they came from a place of understanding and to provide protection and support and acceptance of what I was going through.

And I think that that is such a powerful thing we can do as mental health professionals and providers and also as people. That we can represent ourselves in consistent ways, as individuals that are safe, as individuals that someone can come to and say, hey, I know I seem like I've got it all together and I'm completely falling apart and I've never felt worse in my life.

To have the ability to be someone, where someone who is vulnerable is finally safe to come to you and say, I'm not, and please help me, it's such a courageous thing for the person struggling to do, and it's such an important thing for a provider or for someone to be able to available to them.

>> SUMMER JONES: Absolutely. Thank you so much, Jennifer. And I was thinking too, just how if no one's asking you directly, then it really does depend on the parent to have that courage or vulnerability to acknowledge it and take that extra step to reach out and ask.

And this does come up in our conversation in just a few minutes. But a way to provide ongoing support is to directly ask people how they're doing and not just ask once. That's what I

always say is do not ask once. How many of us, when we're asked how are you doing, we provide an automatic response of fine, oh, it's tough but I'm getting through.

But when asked multiple times by someone who we can see genuinely cares about us who are more likely to open up and speak about it. So just thank you again so much, Jennifer.

We really appreciate you sharing your personal example to illustrate all of this that we're talking about today. So we're just really grateful.

We're going to move on, and I think in the interest of time we will go through some of this kind of quickly. But you have access to the slides so you're able to review it on your own or at your own pace.

So quickly we will do a poll to -- so quickly we will do a poll.

If you could respond to this question: The symptoms of depression are usually the same for men and women.

So most of you had said false, and then some of you said true. Absolutely. Interesting, in some ways it's kind of a trick question because it can go either way, as we know. It can look different for everyone.

But generally, symptoms of PMADs may be internalized. And this is how mental health and mood disorders are often talked about and thought about. These internalized symptoms, right? The loss of enjoying activities. Feeling overwhelmed. Trouble concentrating. Social withdrawal. Feeling sad. Low energy and anxious. These are the internalized symptoms that we usually think about.

And as we acknowledge these, I wonder if your mind might've without realizing it pictured a person experiencing these symptoms. And I say this because typically it's women whose symptoms are internalized. This is what it most commonly looks like for women.

Then it's these externalized symptoms and coping that we don't usually associate with depression, anxiety, or other PMADs. And these are the symptoms that commonly tend to show up more in fathers.

With anger and irritability being reported as the most prominent. So I really think that's important to acknowledge because we might hear about men, either self-reporting or their spouse reporting that they're really struggling with their partner, with their husband who just suddenly seems more irritable, more angry.

Or maybe they're never home anymore. They take every opportunity to stay late at work or meet up with friends. Rather why don't they want to be at home with me and the baby? And it can feel very personal when in reality it might be symptoms of something more going on.

It might be excessive TV or internet time as well. Something that just seems annoying or selfish to their spouse, but really that might be a symptom and/or a coping strategy for that person who is struggling.

And I want to acknowledge these externalized symptoms of course are not only true of fathers or men. Absolutely these show up for women as well.

But generally this is what we tend to see as how these mental health struggles or illnesses present.

In the interest of time and because we had a really great discussion with Jennifer's story, we won't go through this vignette and discuss it, but I do want to invite you maybe to use this vignette as a discussion point with colleagues of yours, with a supervisor or supervisee or as part of a team meeting as you all think about what it might look like for a family where a parent is experiencing PMADs.

And then you'll see -- I'm sorry, I didn't skip ahead to it. I'm sorry. There we go. So you have this vignette in the slides. And so I invite you to use it and either reflect on it on your own or like I said, discuss with a colleague or a team.

And then on the following slide there are some kind of reflective prompts or questions that you could use as you think about it. So we invite you to do that.

We do want to acknowledge some of the causes and risk factors of paternal depression because it doesn't get talked about as much. And we recognize the importance of bringing this topic up, talking about it with families, letting them know it is normal, it happens, there's no shame in it.

The more we talk about it, the more likely we know people are to acknowledge that they might be experiencing it and then talk about it and ask for help.

We know depression and anxiety are two times as common in expectant and new fathers. Compared with estimates of men in general.

So during that perinatal time, men are much more likely to experience this as well. It's not just for women. So we really want to be aware of this. And we aren't just paying attention to the mental health of mom. We want to also be checking in on dad, helping the family understand that this might be happening.

And the more we start talking about this with families from the beginning, during pregnancy, after the baby's born, then we know the odds of dad, mom, everyone getting the help they need. We know those odds increase.

But also I'm thinking about how it would feel for dad to be getting checked on as well. Someone genuinely caring enough to ask how he's doing and recognizing the importance of that, helping his mental health to also feel valued and validated.

And knowing at the same time that would then, through this beautiful parallel process, help him to better be able to support mom and baby.

So what are ways we can support families who might be experiencing PMADs, we also want to know the role and importance of supporting not only the parent who might be struggling with a PMAD but their partner or coparent.

Because that person needs support as well, both as a parent, but as they are supporting their spouse. So we want to make sure we're thinking about how we can support them by again providing education on what might be going on with them and their spouse, and validating their experience.

They might need to play a role in connecting with their partners' providers or getting their partners set up to talk to someone, to make an appointment, to identify a provider. And then also making sure they're taking care of themself too and getting their own help if they need it.

And we know that is often very preventive as well, even if nothing is wrong yet, just to be talking about how they're doing.

And depending on your role, you can offer a variety of types of support to these parents and families. So remembering even if you aren't a therapist or a clinician, that there are many ways that you can be therapeutic.

And I think similar to examples Jennifer shared, things that people she knew had be doing all along that kind of set the stage for her to reach out and ask for help.

So the little things that maybe you're doing a lot of them without realizing the power behind them. But talking about the topic. Not making it taboo and just talking about it, asking about it, asking directly.

Demonstrating unconditional positive regard. So listening, validating, showing empathy to the parent or parents. And really trusting what they're sharing with you.

We can always build on protective factors. Asking them what works, what's going well, what supports do they have and even acknowledging their strengths that we have noticed is one way to do that.

We know the importance of social connections. During any time, and particularly during the perinatal time and period, and also the importance of social connections, when someone is struggling with their mental health.

So we want to help them identify and build those social connections, especially if they're feeling isolated. I'm going to just go through these quickly.

I think toward the bottom of the list here, practicing mindfulness with the parent. And I was thinking about this a lot as Jennifer was sharing, and thinking about what if while she was struggling, if she would've had someone who was with her, not to fix everything, not to swoop in and do everything for her to make her life easier, but to genuinely check in on her, ask how she's doing.

And almost force her to slow down and be present and acknowledge some of what she was experiencing because she was in survival mode. Racing through each day just trying to get the next thing done. She was not giving herself the opportunity or even recognizing the power of taking the time to pause for a moment and check in with herself and just notice how am I doing, what's going on, and how that may have helped during that time if someone could've facilitated that for her.

Then we know just being able to refer to behavioral health or other resources like Jennifer shared. She had to look elsewhere because she needed help immediately and couldn't wait. So whether that be online or virtual support, a support group, either in person or virtual, or referring someone to other supportive resources and programs such as new parent support where they will not receive direct behavioral health support

But we know they will receive a lot of other resources, information, and just other that indirectly end up helping that parent's mental health while they wait maybe waiting getting mental health support.

We covered a lot of these prevention and intervention things you can do to support families. The one I really want to point out is oftentimes I have heard parents say I'm really struggling, where do I start? What do I do? They literally have no idea. Who do I call? How do I get help?

So we want to encourage them, they can tell their pediatrician, if that is the next provider they're going to see at a well visit for their child, they can mention it to their pediatrician because the pediatrician can then give the next steps or referral or kind of coach them through what to do next.

Also a great place to start is telling their primary care physician or their OB. Because both of those people also can support them directly while also helping them get the help they need.

So I think that's a really important reminder, that oftentimes people don't even know where to start and that in itself can be so overwhelming that they never mention it, they never talk about it or ask for help because they just feel so lost at not knowing where to start.

I think just again, in the interest of time, we will move on to what resources are available for families.

>> JENNIFER NOVAK: Thank you, Summer. So I'll move through these rather quickly. Just a little bit of very recent news that we want to share is the FDA has recently approved something called Zurzuvae, probably not pronouncing that correctly, but this is a drug specifically designed to treat PPD, an oral tablet taken for 14 days which has a rapid anti-depressant effect, requires at-home treatment and a well-tolerated side effect profile.

So definitely a new medication strategy to keep in mind if you are working with families and something you might see families sharing with you that they are participating in or using if you are supporting a family with PMADs.

There's also a lot of others. A Zero to Three resource we want to highlight is the babiesonthehomefront.org app. You can access the app before going to babiesonthehomefront.org. This has tons and tons of articles meant to support military families.

In our self-care section of the app, we've added in the last year articles specifically around perinatal mood disorders. So lots of great information that's written with the parent reader in mind.

There's also lots of other resources for caregivers. We have the earliest Zero to Three podcast. That's a great podcast on early years and mental health in the earliest years of life.

Postpartum Support International also has quite a few resources. Specifically and also resources directed for both mothers and fathers and for military families.

>> SUMMER JONES: Jennifer, real quick, I just want to point out at Postpartum Support International offers virtual support groups. I know in both English and Spanish and possibly other languages as well.

So if getting to a behavioral health provider or finding a local support group is a barrier for people, I think this is a really incredible option that offers a lot of flexibility and at least an opportunity for parents to connect with other people virtually from their home without having to find childcare or anything in the meantime while they might look for a local provider. So I just wanted to highlight that.

>> JENNIFER NOVAK: Thank you, Summer. Some additional resources include there's a link here on medication during pregnancy and breastfeeding which we know for those that could benefit from medication that have concerns about impact, there is a fact sheet available there that you can share.

Also some links to the PPD risk assessment during pregnancy and the Postpartum Progress New Mom Mental Health Checklist.

As we wrap up, we'll have the opportunity for questions as well. Before we get there, we ask you to check in with yourself and see how you're feeling.

And respond to the poll question that says I feel confident and prepared to support parents or caregivers with perinatal mood and anxiety disorders.

You can select if you're feeling like you strongly disagree with this statement, disagree, neither agree or disagree, agree, or strongly agree with the statement.

And thank you all again just for your honesty and I think willingness to check in and see and then share how you feel about that.

So I think it's really great that those numbers have gone up from the start of our session. Where now no one is saying that they disagree with that. And I think that's great. That means we all are taking something from this today.

So we do have a few minutes for any questions if you want to put them into the chat. And then in the meantime, we would also love, as you think of any questions you have, if you could identify one thing that you can do to support families directly in relation to perinatal mental health.

If you wouldn't mind sharing that in the chat, and that's really helpful because, one, it's asking you to pause for a moment. And think of something that you're thinking from the discussion but also think of all the ideas and strategies you're going to gather from what your colleagues share in the chat.

So if you can identify one thing that you can do to support families directly in relation to perinatal mental health, and share it in the chat, we would really appreciate it.

I'm seeing provide guidance on available resources, provide education and awareness around it. Yes, absolutely. Provide psychoeducation and validation. I love this. So much educate and validate.

Yes. And right, not waiting till after baby's born, but doing it for families who are just in the planning stage or pregnancy stage. Absolutely. Checking in repeatedly. Ooh, yes. Someone said share my own experience. It might open the door. Absolutely.

Listen, provide unconditional positive regard. Yes. So many things that you all can do. And are likely already doing and have been doing, right?

So if there are any questions, you're welcome to put them in the chat and I will pass it over to Kalin.

>> KALIN GOBLE: Thanks so much, Summer. Thank you all for the engagement. If you have any questions, we'll actually follow up with Summer and Jennifer as well and they may potentially join us for a blog post. So please be sure to check there as well on our blogs that we release weekly.

So thank you both for such a powerful presentation and for all who joined us today in the chat and engaged with us that way. So for anyone joining us on this session that would like to obtain continuing education credits for today's session, the link to the evaluation will be available on the event page. Please give us a few moments to get that up.

If it's not showing for you, please try refreshing the page as that's a live link we're putting up after the webinar. When you visit the page, you will see the purple button on the screen. Please click that and then you'll be taken to the evaluation and then you will proceed through to your post-test.

Your feedback is very important to us and we do look through your evaluations. So we ask you to take a short evaluation letting us know your thoughts on today's webinar and any follow-up questions or topics you may have that you would like covered.

For those wanting to obtain CE credits after the evaluation, some accreditation agencies do require you take a post-test, and for the post-test, it typically is that you need to complete with a score 80% or higher. So please take that and a certificate should be emailed to you within 24 to 48 hours of completing the evaluation and post-test.

If you've not joined us before or if your email may give you troubles, please check your junk folder first. If you do not see that there and you have completed the process, please email us at OneOpfamilydevelopment@gmail.com and my colleague Jason Jowers or I will ensure you receive your certificate.

We invite you to join us for our next upcoming webinar, October 5th at 11:00 a.m. That will focus on disordered eating and body image disturbance in the military. That will also cover for service providers and healthcare providers best practices to identify and manage disordered eating and body image disturbances.

You can RSVP for that webinar now with the link that Jason just dropped in the chat pod. We also invite you to connect with us on social media, to stay up to date on all upcoming webinars, as well as blog posts we may have and other opportunities for continuing education as well as for connection with fellow colleagues.

So please follow us on social media of your choice if you haven't already. And if you enjoyed today's programming, please be sure to check out OneOp's other programming and visit our website. Again, if you have any questions, feel free to email us, and thank you so much for joining us today.

For folks who joined us late or may want to rewatch today's session, an archived recording of today's session will also be made available on the event page after today's session. Typically within 24 to 48 hours you can see that recording.

If you're having any issues, again please refresh the page. You may also need to clear out your browser history just so it's pulling the most updated webpage so you can get all those helpful links as well as the PowerPoint of today's session.

And again, yes, thank you so much Jennifer and Summer, this was such a powerful session. And we are so privileged to have you all join us for this content.

And with that, we will be wrapping up today's session and closing out the room. Again, if you have any questions or need any assistance, please feel free to email us at OneOpfamilydevelopment@gmail.com and Jason and I will be happy to further assist you.