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## INTRODUCTION

The purpose of the proposed study is to further investigate the relationship between factors contributing to women's symptomatology following perinatal loss. A quantitative data collected in 2022 by this research team showed that over a course of a year after perinatal loss 34 out of 218 women reported reduction of posttraumatic stress symptoms. Out of the total sample, only 5.3% ( $n = 11$ ) scored below clinical threshold meaning that a year after their loss they likely no longer meet diagnostic criteria for PTSD. Based on this data the current study aims to better understand what the experiences of women were who show a symptom reduction, focusing specifically on their formal and informal social support experiences.

## METHODS

1. Participants selected out of 218 participants of previous quantitative study and gave consent will be invited to a focus group. The focus group will take between 60 to 90 minutes and will take place via Zoom.
2. Sequential, mixed-method design

## PURPOSE

Counselor awareness of the stigma and misconceptions around perinatal loss can impact the therapeutic alliance and client's experience in therapy (Markin et al., 2016). To date, no research directly explores perinatally bereaved individuals' experiences with health professionals, mental health professionals, and others who provided support that resulted in decreased distress. Exploration of client experience is crucial, as findings indicate inadequate support may result in no improvement or worsen symptomatology.

Findings from this study can provide more insight into the aspects of care that are helpful to women with perinatal loss, and this insight can be leveraged to improve client advocacy and counselor training.

## Proposed Research Questions:

1. How do women experience the relationship between their distress and social support?
2. How do women utilize formal and informal social supports to reduce their distress after perinatal loss?

## DEMOGRAPHICS

Mean age 29.17 (SD = 5.5) years old; six different racial and ethnic backgrounds; 50% ( $n=6$ ) work full-time; 58.3% ( $n = 7$ ) identify as middle class; 66.7% ( $n = 8$ ) experienced miscarriage; average time of loss 16.58 (SD = 4.61) weeks gestation.

## INTERVIEW QUESTIONS

1. How did you care for yourself after your loss?
2. How were you cared for after your loss?
3. What types of social supports did you utilize?
4. What was the most helpful support you received?
5. At what points after your loss was the support most helpful?
6. What was missing in your experience of social support?
7. Do you think your experiences of social support were impacted by your cultural identity?
8. What was your experience of sharing your loss with others?
9. How did you cope with any hurtful responses you got from others?
10. How was your experience seeking and receiving mental health services?
11. What was most beneficial in your experience with your mental health care provider?
12. What recommendations do you have for professionals who work with individuals like you?
13. What advice would you give to others who experience such loss?

## QUANTITATIVE FINDINGS

Findings from the quantitative portion of the study show that: 1) Perceiving medical professional as supportive was negatively correlated with levels of distress ( $r = -.15, p = .04$ ); 2) Participants who saw mental health professional within 3 months reported lower levels of PTSD ( $M = 55.59, SD = 8.33$ ) compare to those who did not [ $M = 58.90, SD = 7.43, t(212) = -2.46, p = .02$ ]; 3) Perceiving mental health professional as knowledgeable in perinatal mental health was correlated with PTG ( $r = .31, p = .05$ ); and 4) Perceiving mental health professional as respectful of cultural background was correlated with PTG ( $r = .35, p = .03$ ).