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A Comprehensive Framework to Enhance Holistic Care for Postpartum Single Mothers

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Walden University

College of Psychology and Community Services

This is to certify that the doctoral study by

Stephanie Dumas

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

A Comprehensive Framework to Enhance Holistic Care for Postpartum Single Mothers

by

Stephanie Dumas

MA/MS, Purdue University Global, 2018

BS, Hunter College of The City of New York, 2015

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Human Services

Walden University

November 2025

Abstract

Postpartum depression remains a significant challenge for single mothers who face emotional, financial, and social barriers with limited support. In Palm Beach County, Florida, where many households are led by single parents, existing services are often uncoordinated and lack trauma-informed approaches that address the realities of mothers during the postpartum period. The purpose of this qualitative action research study was to explore the perceptions of human services professionals regarding the trauma-informed and holistic care interventions needed to support single mothers experiencing postpartum depression. The Garbhasanskar holistic care framework, which emphasizes emotional well-being, mindfulness, and the creation of safe and empowering environments for mothers and children, underpinned the study. Data were collected through a forced-choice survey with optional open-ended sections for long answers, completed by 11 human services professionals. The analysis primarily focused on the frequency of responses from the forced-choice items and content analysis of narrative responses. The findings revealed five core needs: specialized counseling, childcare, housing stability, financial assistance, and culturally responsive care. The study's implications for positive social change encompass the highlighting of four key strategies: providing ongoing trauma-informed training, securing sustainable funding for long-term care, fostering stronger cross-agency collaboration, and integrating culturally rooted practices. By using these strategies, stakeholders can potentially strengthen human service systems, which may lead to improved maternal mental health outcomes and promotion of family stability through trauma-informed and holistic practices.

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Dedication

To my beautiful daughter, Analise, you are the light of my life and the reason I strive for greatness each day. Your laughter, love, and strength inspire me endlessly. To my family and friends, thank you for your unwavering support, encouragement, and belief in me throughout this journey.

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To my family and friends, thank you for your love, sacrifices, and belief in me. Your words of encouragement sustained me during long nights and challenging times. To my daughter, Analise, you are my greatest motivation and constant reminder of why I do this work. This accomplishment is as much yours as it is mine.

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Section 1: Introduction to the Problem

Background of the Human Services Problem

Postpartum depression (PPD) remains a major public health concern that significantly impacts maternal well-being and demands consistent attention from the human services field (Centers for Disease Control and Prevention, 2022; World Health Organization, 2021). Recent research increasingly highlights how postpartum depression disproportionately affects single mothers, who often experience greater vulnerability due to financial strain, housing instability, and limited access to supportive services (Silverman et al., 2017). Studies estimate that approximately one in five women in the United States experiences postpartum depression, with single mothers facing higher rates due to compounded life stressors such as financial strain and limited support (Gavin et al., 2005; Silverman et al., 2017). These challenges can lead to severe emotional and psychological strain, affecting a mother's ability to care for herself and her child. Research also highlights the long-term consequences for children raised by mothers experiencing untreated PPD, including behavioral difficulties and developmental delays (Suarez & Yakupova, 2024). As a human services professional, I recognize how these individual experiences reflect broader systemic issues, ones that call for more integrated, responsive care.

In response to these concerns, trauma-informed care has become a guiding model in both clinical and community-based services to support mothers who may experience emotional, physical, or systemic trauma during the postpartum period. Trauma-informed care, as described by the Substance Abuse and Mental Health Services Administration

(2014), focuses on promoting emotional safety, building trust, supporting empowerment, and recognizing how experiences like birth trauma, financial hardship, or social isolation can impact a mother's mental health and recovery. Trauma-informed practices are approaches that recognize the impact of trauma on a person's cognitive, emotional, and physical health, and work to create safe, supportive environments for healing. These practices emphasize emotional safety, trust, empowerment, and collaboration between providers and clients (Substance Abuse and Mental Health Services Administration, 2014). In the context of postpartum care, trauma-informed approaches are especially important because many mothers, especially single mothers, face overwhelming emotional stress, financial hardship, and social isolation after childbirth. Despite the clear need for this type of care, many existing systems still fail to provide consistent emotional support, leaving mothers feeling disconnected or unsupported during their recovery.

Recent research underscores that trauma-informed care in maternal mental health settings plays a crucial role in improving outcomes for mothers by fostering trust, emotional safety, and empowerment. When providers implement trauma-informed principles—such as compassionate communication, consistent support, and collaborative decision-making mothers experience reduced distress and greater engagement in care. However, many service systems continue to operate in fragmented ways, addressing mental health, financial hardship, and parenting needs separately rather than through coordinated, trauma-informed models of support (Benton et al., 2024).

The limitation stemming from service providers' limited scope is evident in Palm Beach County, Florida, where 1 in 3 households with children is led by a single parent

(Federal Reserve Economic Data, 2023). Although programs like Healthy Mothers, Healthy Babies, and Hearts for Moms are important resources, they tend to operate independently and do not always provide lasting, trauma-informed support. Many services in Palm Beach County offer short-term support for parents. However, they often fall short in addressing the emotional and mental health needs of single mothers experiencing PPD (Healthy Mothers, Healthy Babies Coalition of Palm Beach County, 2023). As a result, these mothers are often left to navigate recovery on their own, without consistent care or follow-up that reflects their daily experiences. This highlights the need for a connected approach that comprehends the full scope of challenges faced by single mothers, encompassing emotional, practical, and culturally relevant support. These service gaps form the foundation for this study, underscoring the need for a more robust, coordinated care model.

Social Problem

PPD continues to be a major concern in the human services field, both nationally and around the world. Mental health conditions, including PPD, significantly affect women during their childbearing years and remain one of the leading contributors to poor health outcomes (World Health Organization, 2021). In the United States, an estimated 1 in 8 women faces symptoms of PPD. However, the actual number may be higher due to underreporting and missed screenings (Centers for Disease Control and Prevention, 2022). PPD not only affects the mother, but it can also impact the child's development emotionally, socially, and behaviorally, especially if it goes untreated (Rogers et al., 2020). Although awareness has grown, many health and social service systems still lack

consistent support for mothers facing these challenges, and mental health is not always fully integrated into postpartum care. This creates serious gaps in support, especially for mothers who already face difficult life circumstances.

Single mothers are at higher risk of developing postpartum depression because they often carry the full responsibility of parenting without consistent emotional, financial, or logistical support (Agnafors et al., 2019). Financial stress, limited social support, and unstable housing can all add to the emotional toll after childbirth (Silverman et al., 2017; Agnafors et al., 2019). These mothers may also struggle to access quality mental health care due to cost, lack of insurance, or cultural barriers. Saharoy et al. (2023) point out that trauma-informed care can offer valuable emotional and psychological support, yet many programs still do not include this kind of approach. This creates a national and global issue where mothers most in need of care are often left with few resources. Addressing this problem through a human services perspective is essential for building better support systems that meet mothers where they are and promote long-term well-being for families.

Local Problem

In Palm Beach County, Florida, PPD is a serious challenge for single mothers, particularly those navigating parenting without the financial or emotional support often available in two-parent households. According to the Federal Reserve Economic Data (2023), about 1 in 3 households with children in the county were led by a single parent. Many of these families faced barriers such as limited access to affordable mental health care, unstable housing, and a lack of transportation, all of which increased the risk of

untreated PPD. Local organizations, such as Healthy Mothers, Healthy Babies, and 211 Palm Beach, provided important resources; however, their services often operated in isolation and were not grounded in trauma-informed care. As a result, single mothers struggled to find consistent and holistic support during a critical period of need.

Although these programs contributed meaningful support, they did not fully address the daily realities of many single mothers. Services often came in fragments, such as a parenting class or a referral, but rarely within a framework that integrated mental health, social, and practical support. The findings of this study confirmed that many mothers fell through the cracks, attempting to manage depression while carrying the full responsibilities of parenting alone. This gap reflected more than a service issue; it pointed to a system that had not been designed with the whole person in mind. By centering on the voices of professionals who worked directly with these mothers, this study identified what was missing. It offered recommendations for how human services in Palm Beach County could respond more effectively.

Purpose of the Study

The purpose of this qualitative action research study is to explore the perceptions of human services professionals regarding the trauma-informed and holistic care interventions needed to support single mothers experiencing PPD in Palm Beach County, Florida. This study is needed because current services do not fully meet the emotional, social, and economic needs of single mothers during the postpartum period. By focusing on the insights of professionals who work directly with this population, the study aims to understand what is missing in current support systems and how care can be improved.

The findings may help guide advocacy efforts and inform local organizations and policymakers on how to create better access to services and stronger support for maternal mental health and family well-being.

Research Question

What are the perceptions of human service professionals regarding the trauma-informed care interventions needed to enhance holistic care for single mothers experiencing PPD in Palm Beach County, Florida?

Theoretical Framework

The framework guiding this study is known as *Garbhasanskar*, a traditional concept introduced by Tambe in 1995. *Garbhasanskar* focuses on promoting the emotional, physical, and mental well-being of mothers during and after pregnancy. It emphasizes that a mother's thoughts, emotions, and environment can influence her child's development. Key components of the model include positive thinking, mindfulness, emotional balance, and a strong parent-child bond. *Garbhasanskar* encourages creating a nurturing and supportive environment where mothers can grow emotionally and spiritually during the transition to parenthood.

Using *Garbhasanskar* as the theoretical framework in this study helps provide a deeper understanding of how trauma-informed care may be a better support process for single mothers with PPD. The framework connects to the research by highlighting the value of incorporating emotional wellness, safety, and meaningful support during the postpartum period. It also aligns with trauma-informed care principles such as

empowerment, trust, and healing. Garbhasanskar offers a lens for exploring what kind of support single mothers need to feel emotionally safe, connected, and confident

Nature of the Study

I employed a modified action research design, utilizing a qualitative approach. Using this qualitative method, I will explore how people experience and understand a specific issue in their own words and their perspective on how to improve current practices (Creswell & Poth, 2018). Action research focuses on identifying problems in a real-world setting and working toward practical solutions (Stringer, 2014). This design fits the purpose of the study, which is to understand how human service professionals view the needs of single mothers with PPD and how services can be improved. This approach also supports reflection and collaboration, which are key elements of the study's focus on creating better support systems.

I used purposeful sampling to select participants with direct professional experience supporting single mothers in Palm Beach County. Participants included human services professionals, such as social workers, mental health providers, and community-based practitioners. Data was collected through a forced-choice survey designed to capture structured responses regarding trauma-informed and holistic care. Although the survey included optional open-ended items, no participants responded to those questions. The analysis focused on identifying frequency patterns and trends within the forced-choice data, guided by Stringer's (2014) action research framework. This process revealed current practices, highlighted service gaps, and informed

recommendations for strengthening trauma-informed, holistic support for single mothers during the postpartum period.

Defined Terms

Culturally responsive care: A service approach that respects and integrates clients' cultural beliefs, language, and values into care practices. In maternal mental health, culturally responsive care increases engagement, trust, and effectiveness by aligning support with mothers' lived experiences and cultural identity (Curtis et al., 2019).

Garbhasanskar (Garbh Sanskar): A traditional Ayurvedic framework that promotes emotional and spiritual well-being during and after pregnancy. It emphasizes mindfulness, positive thought, and nurturing environments as essential for maternal and child health. In this study, Garbhasanskar serves as the theoretical foundation for integrating culturally responsive and trauma-informed care (Tambe, 1995; Verma & Shukla, 2023;).

Holistic care: A person-centered approach that considers the emotional, physical, social, and spiritual dimensions of well-being. In postpartum services, holistic care addresses the mother's full experience, incorporating mindfulness, nutrition, rest, and community support to encourage recovery and balance (Pilkington & Wieland, 2020; Agnafors et al., 2019).

Human services professionals: Individuals trained to provide support, advocacy, and intervention to improve individual, family, and community well-being. These professionals include social workers, case managers, mental health practitioners, and

community advocates who use trauma-informed, ethical, and culturally sensitive approaches in their work (National Organization for Human Services [NOHS], 2015).

Postpartum depression (PPD): A mood disorder that may occur after childbirth, characterized by prolonged sadness, anxiety, fatigue, and difficulty bonding with the baby. PPD affects emotional and physical functioning and often requires clinical or community-based intervention (Centers for Disease Control and Prevention [CDC], 2024; Silverman et al., 2017).

Single mother: A woman who raises one or more children without consistent financial or emotional support from a partner. Single mothers often face greater emotional and economic stressors that increase the risk of PPD and limit access to coordinated care

Trauma-informed care: An approach that recognizes how trauma influences behavior and emotional well-being. It emphasizes safety, trust, empowerment, and collaboration between service providers and clients. Within postpartum care, trauma-informed practices help reduce re-traumatization and promote emotional healing for mothers who have experienced stress or adversity (Berring et al., 2024; Saharoy et al., 2023).

Significance of the Study

Significance of the Study for Community or Organization

PPD remains a pressing challenge in Palm Beach County, particularly for single mothers who often face emotional, social, and economic struggles with limited access to coordinated support. While community agencies such as Healthy Mothers, Healthy

Babies, and 211 Palm Beach provide important resources, many of their services operate independently and do not address the full range of needs postpartum mothers face. This study is significant because it aims to highlight the voices of human service professionals who witness these challenges firsthand. Their insights can help guide the development of more coordinated, trauma-informed, and holistic systems of care. Local organizations may benefit from the study's findings by using them to enhance service delivery, create stronger partnerships, and better support the long-term well-being of single mothers experiencing PPD.

Significance of the Study for Human Services

Nationally and globally, PPD is gaining more attention, yet many mothers continue to suffer in silence. The recent short film *Behind the Joy* by Jamal Smart is one powerful example of how media can raise awareness about the emotional pain and isolation that often go unseen after childbirth. The film sheds light on the reality that many women hide their struggles behind smiles, which appear to be joy on the outside, but mask deep pain on the inside. This message connects directly to the need for comprehensive, holistic care that looks beyond surface-level check-ins and addresses the emotional, mental, and environmental needs of mothers. By exploring how professionals perceive trauma-informed approaches, this study adds to the growing conversation about how to support mothers not only in crisis but also in prevention and healing. The findings may contribute to positive social change by helping human services systems become more compassionate, responsive, and equipped to support postpartum women in both local and broader contexts. By addressing social determinants of health, such as access to

mental health care, stable housing, social support, and economic stability, this study can help promote better overall health outcomes and long-term well-being for single mothers navigating PPD.

Literature Review

The purpose of this literature review is to examine current research related to PPD, trauma-informed care, and holistic support frameworks for single mothers. This review examines the human services issue of limited, integrated, trauma-informed care in Palm Beach County, identifying contributing factors that include socioeconomic challenges, fragmented service delivery, and cultural barriers. The review also highlights the importance of addressing these gaps through a comprehensive framework that is grounded in both evidence-based and culturally responsive practices. Key areas of focus include the prevalence and impact of PPD, risk factors and barriers to care, the effectiveness of trauma-informed and holistic care models, and the role of human services professionals in supporting this population. The integration of Garbhasanskar uniquely addresses these identified gaps by providing a culturally sensitive, holistic framework that emphasizes emotional wellness, mindfulness, and community-oriented support—areas often missing in traditional postpartum care models.

Literature Search Strategy

To find literature, I conducted a systematic search across multiple academic databases and public health sources. The primary databases and search engines included PsycINFO, PubMed, CINAHL, and Google Scholar. I accessed these resources from Walden University Library. Supplemental searches were conducted

using the websites of the Florida Department of Health and the Healthy Mothers, Healthy Babies Coalition of Palm Beach County. The search focused on scholarly, peer-reviewed sources published between 2018 and 2024. Key search terms included *postpartum depression, single mothers, trauma-informed care, maternal mental health, and holistic postpartum services*. Boolean operators (AND, OR) were used to refine results and ensure comprehensive coverage. Literature relevant to the Garbhasanskar framework and its holistic application in maternal health was also reviewed to ground the study's theoretical foundation.

The literature review focused on a few key areas that are important to understand PPD among single mothers. It looked at the prevalence and impact of PPD, and how trauma-informed care can be used as a model to shape better postpartum services. The review also covered the need for holistic and culturally responsive care that addresses the real experiences of mothers. It highlighted the barriers that many mothers face when trying to access services, especially when support systems are disconnected. Finally, it discussed the role of human service professionals in improving maternal mental health by offering support that is consistent, compassionate, and trauma-informed.

Theoretical Framework

The study was informed by the traditional concept of Garbhasanskar, a holistic model introduced by Tambe in 1995. Rooted in Ayurvedic principles, Garbh Sanskar focuses on supporting a mother's emotional, mental, and spiritual well-being during and after pregnancy. This approach fosters the creation of a calm, nurturing

environment that supports both the mother's healing and the child's healthy development.

Verma and Shukla (2023) expanded on Tambe's original Garbh Sanskar model by adapting its core principles of mindfulness, positive thinking, and emotional nurturing to fit the needs of today's mothers. Their work demonstrates that incorporating these practices into the prenatal and postpartum stages can help alleviate maternal stress and enhance overall well-being. They also highlight that culturally grounded frameworks like GarbhSanskar offer a holistic, trauma-informed approach to supporting mothers, especially in communities with limited access to traditional therapy. Integrating these culturally rooted practices helps mothers build emotional resilience and better manage stress throughout the postpartum journey.

The Garbhasanskar framework also aligns with the core principles of trauma-informed care, which focus on creating environments that promote physical and emotional safety, encourage peer support, empower individuals, and respect cultural backgrounds as essential parts of the healing process (Substance Abuse and Mental Health Services Administration, 2014). In this context, Garbhasanskar offers a protective and healing space for mothers who have experienced trauma before or during the postpartum period. Verma and Shukla (2023) noted that practices such as guided reflection, prayer, and mindful breathing are woven into the Garbh Sanskar model to create emotional safety and healing for mothers. This is especially meaningful for single mothers, who often carry the weight of compounded stress and unresolved trauma from past experiences.

What makes the Garbhasanskar model especially significant is its connection to holistic health psychology. This perspective views true well-being as involving the integration of the body, mind, and spirit (Myers et al., 2000). In addition to supporting emotional healing, Garbhasanskar reflects these principles through its use of mindfulness, breathing, and other calming practices. Pilkington and Wieland (2020) pointed out that using integrative methods like these can help reduce symptoms of PPD and anxiety. Because these tools are already an integral part of the Garbhasanskar framework, they provide simple, affordable, and culturally meaningful ways for mothers to manage stress and develop long-lasting coping skills.

The Garbhasanskar framework reflects this by promoting a value-based and community-centered approach to postpartum care. For single mothers who may lack steady support from a partner or extended family, the model offers ways to facilitate healing through connections to their culture, community, and inner self. Edge (2010) emphasized that maternal mental health support is most effective when it recognizes cultural identity and addresses the specific barriers faced by women from diverse backgrounds in accessing care.

In addition to what makes this model valuable, Garbhasanskar can be seen as a culturally affirming alternative to Western psychological models. In many communities, stigma, financial challenges, or a lack of trust in clinical services can prevent mothers from seeking mental health support. Culturally rooted practices, such as Garbhasanskar, may offer a sense of comfort and familiarity. Curtis et al. (2019) explain that culturally responsive approaches are often more effective and better

accepted by marginalized mothers because they respect their identity, beliefs, and language rather than asking them to set those aside.

In Palm Beach County, where postpartum care is often inconsistent and culturally disconnected, the Garbhasanskar framework offers a meaningful and practical tool for human services professionals. Berring et al. (2024) point out that trauma-informed models that include emotional, relational, and spiritual support are more effective in addressing PPD, especially in diverse communities. Tailoring Garbhasanskar to the needs of single mothers in this region could help reduce stigma, empower women, and support long-term emotional healing and well-being.

Overall, the Garbhasanskar model provides a comprehensive, trauma-informed, and culturally relevant framework that aligns with the focus of this study. It serves as both a theoretical foundation and a practical tool for improving maternal mental health care, particularly in communities where services may be limited or inconsistent. By emphasizing emotional healing, cultural identity, and the empowerment of mothers, this model is well-suited to guide the development of postpartum care programs that are responsive to the unique experiences and challenges faced by single mothers.

Themes and Subthemes of Literature Related to Human Services Problems

The Prevalence and Impact of Postpartum Depression Among Single Mothers

PPD is a common mental health condition that many mothers experience after giving birth. Symptoms may include persistent sadness, anxiety, difficulty sleeping, low energy, and challenges in bonding with the baby. Although any mother can be affected,

research shows that single mothers are at a higher risk due to added pressures like financial strain, lack of partner support, and increased caregiving responsibilities (Agnafors et al., 2019)

Several studies have highlighted the increased vulnerability of single mothers when it comes to PPD. For instance, Szurek-Cabanas et al. (2024) found that low socioeconomic status is one of the strongest predictors of PPD, and single mothers often face this risk more than other groups. Locally, this concern is highly relevant. In Palm Beach County, approximately 33% of households with children are led by single parents (Federal Reserve Economic Data, 2023), making this a key population to focus on for improved support.

The impact of PPD is not limited to the mother's mental health. It can also affect the child's development. According to Rogers et al. (2020), children of mothers who experience untreated PPD are more likely to face emotional and developmental delays, including challenges with learning and managing emotions. This can continue into later childhood and even adolescence. Some cases of PPD can become very severe, especially when mothers experience trauma. Rogers et al. (2020) examined how untreated postpartum posttraumatic stress disorder can worsen maternal depression and contribute to behavioral issues in children. This reinforces the need for mothers to receive ongoing care and emotional support beyond the immediate postpartum phase. These findings reveal a deeper concern that PPD among single mothers is more than a temporary emotional challenge. It can lead to lasting effects on both the mother's well-being and the child's development. Recognizing the seriousness of this issue underscores the urgent

need for holistic, trauma-informed care that addresses both emotional health and everyday support needs

Risk Factors and Barriers to Care. Many single mothers face a unique set of challenges that increase their risk for PPD and limit their ability to receive proper care. These challenges are often connected to broader social and economic conditions that create barriers to mental health support. For many, the journey into motherhood is layered with stress, uncertainty, and limited resources, making recovery even more difficult without the right support systems in place.

Socioeconomic Challenges. Many single mothers experience ongoing financial strain, which can significantly interfere with their ability to prioritize their health after childbirth. Economic hardship combined with issues like housing insecurity and limited access to affordable childcare often contributes to chronic stress and emotional overload, increasing the risk of PPD. Silverman et al. (2017) reported that mothers with limited financial resources are more vulnerable to depressive symptoms, especially when supportive networks are lacking. Similarly, Gavin et al. (2005) found that a substantial proportion of women experience postpartum depression and that financial hardship is one of the most significant contributing factors. When basic needs are challenging to meet and community support is lacking, mothers may feel isolated and emotionally overwhelmed, making it harder to recover during the postpartum period.

When examining additional socioeconomic challenges, such as the lack of paid birth-related leave, food insecurity, and limited access to affordable childcare, it becomes even clearer how layered and complex PPD can be for single mothers. This is why a

holistic approach is necessary, one that addresses not only mental health but also emotional, social, and practical needs. Too often, care concentrates solely on clinical treatment, while the everyday realities that contribute to a mother's emotional state are overlooked. Heymann et al. (2017) found that the lack of paid maternity leave contributes to emotional strain and poorer mental health outcomes by forcing mothers to choose between financial stability and postpartum recovery.

The emotional toll of being forced to choose between income and healing is a reality many single mothers face. In addition, food insecurity continues to be a significant stressor. When mothers are unsure about where their next meal is coming from or how they will feed their child, that constant worry affects both mental and physical health. Lee et al. (2024) found that maternal food insecurity increases stress and depressive symptoms during and after pregnancy, particularly among mothers with limited financial stability. These stressors are not just occasional; they are often ongoing, and without adequate support, they can compound over time. Limited access to affordable childcare is another pressing issue that increases isolation and emotional strain. Rising living costs and inaccessible childcare options create added pressure for single mothers, often forcing them to delay or forgo health care, education, or employment (Maleki et al., 2022). Moreover, stigma and fear of judgment remain significant barriers. Edge (2010) found that many mothers avoid seeking help for perinatal mental health concerns because they fear being misunderstood or labeled, particularly when their challenges are compounded by socioeconomic hardship.

All these challenges show why a trauma-informed, holistic approach is not just helpful; it is necessary. Single mothers need more than just therapy or short-term support. They need access to real-life resources, such as affordable childcare, food assistance, peer support, and mental health care that understands their situation. This study focuses on creating a comprehensive framework to enhance holistic care for postpartum single mothers, one that brings together all aspects in a way that works for them. By addressing the emotional, social, and everyday needs these mothers face, this kind of care can help reduce long-term stress and support better outcomes for both the mother and her child.

Access to Health Care. For single mothers, getting the support they need is not always easy, even when services are technically available. Factors such as high costs, unreliable transportation, or providers who lack understanding of their background can make it more challenging to stay connected to care. Saharoy et al. (2023) explain that some mothers may choose not to reach out because they are worried about being judged or do not feel emotionally safe opening up to someone who may not get what they are going through.

On top of that, some mothers hold back from sharing how they are feeling because they are afraid it might lead to child welfare involvement. When postpartum care is inconsistent or lacks cultural understanding, it exacerbates these fears. As a result, many mothers do not get the kind of ongoing support they need after giving birth (Saharoy et al., 2023). These issues demonstrate how the system frequently falls short in supporting mothers in ways that feel safe, respectful, and helpful.

There are also larger system-level challenges. Long waitlists, complicated intake processes, and a shortage of providers trained in perinatal mental health make it difficult for mothers to receive the help they need when they need it. According to *Frontiers in Global Women's Health* (2024), these issues often leave mothers in crisis, waiting weeks or even months for services, by which point their symptoms may have worsened. Additionally, practical barriers such as a lack of childcare or reliable transportation prevent many from attending appointments. The National Alliance on Mental Illness (2023) emphasized that these are among the main reasons low-income mothers fail to follow through with mental health referrals. These issues are not personal failures; they reflect structural problems in how services are delivered.

Stigma also remains a significant issue. In many communities, mental health is still not openly discussed. Some women may fear being labeled or misunderstood, which often leads them to suffer in silence, even when support is technically available (*Women's Mental Health*, 2023). For single mothers, that silence can be even more pronounced. Damaging, especially when they lack a strong support system to rely on. In this perspective, you must wonder how many mothers are silently struggling, not because they do not want help, but because they do not feel safe or supported enough to ask for it. Even though there is more awareness about PPD today, many single mothers still struggle to get the care they need because the health care system can feel all over the place. Mental health services are often separate from primary or prenatal care, so it is easy for mothers to fall through the cracks.

Sambrook Smith et al. (2019) found that many women struggle to determine where to go or who to contact, and this confusion can lead to delays or prevent them from seeking help altogether. For single mothers, who are already juggling so much, dealing with a system that is not easy to navigate can feel like one more thing stacked against them. Moreover, you have to wonder how many mothers are suffering quietly just because the process of getting help is too confusing or exhausting?

Some policies have started to make a difference. For example, some states now offer extended Medicaid coverage for up to 12 months after birth, which gives more time for mothers to access mental health care. According to the Policy Center for Maternal Mental Health (2024), this change has improved access to care in many cases. However, not every state offers it, and even where it exists, problems still arise, such as a shortage of providers or mothers not being aware of what is available to them. That is why policy alone is not enough. We need real follow-through, ensuring that services are not just available on paper but also accessible and supportive in practice, especially for single mothers who often lack someone to help them navigate them. Supporting mothers means understanding what is in their way and building systems that meet them where they are with consistency, compassion, and follow-through.

Cultural and Community-Specific Obstacles. Cultural stigma and language barriers often make it more difficult for mothers to seek help. In many communities, mental health is still seen as taboo, and this can lead mothers to feel ashamed, afraid of judgment, or too uncomfortable to share what they are going through. Hu et al. (2023)

emphasized that mothers from minority and immigrant backgrounds frequently feel isolated and unsupported, which can worsen their symptoms over time if not addressed.

For mothers who are already facing financial hardship or have a history of mental health challenges, the absence of culturally appropriate support adds another layer of risk. When mothers feel disconnected from the health care system and do not have a safe or affirming space to talk about their experiences, their emotional well-being can deteriorate further (Edge, 2010; Hu et al., 2023).

For many Black mothers, the experience is even more layered due to a deep-rooted mistrust in the health care system, shaped by both current and historical instances of discrimination. Cultural expectations that portray Black women as always strong and emotionally resilient can discourage vulnerability, making it harder for them to speak openly about mental health struggles (Edge & Rogers, 2022). As a result, some mothers worry they may be dismissed, unfairly judged, or even reported to child welfare services if they disclose their emotional challenges. These fears often lead to hesitation in seeking care or complete avoidance of services, as noted by the Maternal Mental Health Leadership Alliance (2023). This reinforces the idea that access alone is not enough; services must also feel emotionally safe, supportive, and affirming to meet the needs of Black mothers.

Language access continues to be a major barrier in postpartum mental health care. When services are only available in English or when interpreters lack training in mental health-specific language, it can lead to serious communication breakdowns. Iturralde et al. (2021) found that misunderstandings between providers and mothers in

these situations can result in incorrect assessments, heightened frustration, and feelings of being unseen or unheard. For immigrant mothers or those with limited English proficiency, these challenges often discourage them from returning for follow-up care, even when services are technically available.

In addition, community-based programs, while often designed to be more inclusive, can still fall short if they do not actively reflect the cultural backgrounds of the populations they serve. Sambrook Smith et al. (2019) observed that when programs lack diversity among staff or do not provide culturally relevant materials, they may unintentionally alienate minority mothers. The absence of representation can erode trust and make these mothers feel that their unique needs are not understood or respected.

These challenges underscore the importance of developing a model of care that is not only accessible but also inclusive and responsive. Providers must be equipped with cultural humility, services should be accessible in multiple languages, and the broader health care system must recognize how race, culture, and lived experiences shape each mother's ability to seek and receive care. The National Alliance on Mental Illness (2023) emphasized the need for equity-focused systems that extend beyond mere availability and actively work to create welcoming and safe environments. Until this happens, many mothers will continue to feel silenced, overlooked, or discouraged from seeking the care they need and deserve.

Trauma-Informed Care in Postpartum Services

Core Principles of Trauma-Informed Care. Trauma-informed care centers on recognizing how trauma influences an individual's behavior, emotions, and perception

of safety. In the context of postpartum care, this means creating supportive, nonjudgmental environments where mothers feel emotionally safe and understood. It also involves being sensitive to a mother's history, which may include past or ongoing emotional or physical trauma. Berring et al. (2024) explain that incorporating trauma-informed practices into health care settings increases trust and emotional connection, which is especially important for postpartum mothers navigating vulnerable life transitions.

Evidence-Based Outcomes. Research supports the effectiveness of trauma-informed approaches in improving postpartum mental health outcomes. Smith and Bradley (2023) found that when providers take a compassionate, nonjudgmental stance and follow up regularly with mothers, engagement with care improves significantly. These practices allow mothers to feel more in control and supported during their healing process. Similarly, Saharoy et al. (2023) identified that emotional safety in care settings enhances a mother's ability to bond with her baby and respond effectively to the child's needs, outcomes that are essential to both maternal recovery and early child development. Berring et al. (2024) also observed that trauma-informed care increases the likelihood of mothers continuing care, which supports long-term well-being.

Relevance to Human Services Professionals. For human services professionals, trauma-informed care is not just the best practice; it is a foundational ethical obligation. The NOHS Code of Ethics emphasizes the importance of protecting client well-being, honoring cultural differences, and avoiding interventions that may inadvertently cause harm (NOHS, 2015). These ethical commitments are closely

aligned with the principles of trauma-informed care, including empowerment, cultural sensitivity, and emotional safety.

Professionals who support postpartum single mothers must be especially attentive to the compounded emotional and social challenges these women face. Trauma-informed approaches offer a framework for responding to these challenges in a manner that fosters trust, consistency, and long-term engagement. Smith and Bradley (2023) highlighted how consistent, respectful communication can increase mothers' comfort with care services and lead to more effective recovery outcomes.

Still, offering trauma-informed care effectively involves more than simply having the right intentions; it requires a foundation built on proper education, reflective practice, and organizational readiness. Providers must be trained not only to recognize the signs of trauma, but also to understand how trauma can show up differently depending on cultural, social, or personal factors. Without this specialized preparation, professionals may unintentionally overlook critical emotional cues, leading to disruptions in trust and continuity of care. As discussed by Berring et al. (2024), this disconnect can limit the provider's ability to respond in ways that promote healing, which reinforces the importance of making trauma-specific training and institutional support an ongoing priority within the field. In real-world practice, human service professionals often manage high caseloads, limited resources, and policies that do not always prioritize maternal mental health. These systemic pressures can make it challenging to apply trauma-informed principles consistently. Saharoy et al. (2023) noted that when providers lack adequate institutional support, even those with the best

intentions may experience burnout or miss important emotional needs of mothers experiencing PPD. This is why elements like supervision, team-based case discussions, and organizational wellness efforts are critical they contribute to the sustainability of trauma-informed care not just for clients, but also for those delivering services.

Human services professionals have an ethical duty to advocate for systems that improve access to care and minimize harm. The NOHS Code of Ethics emphasizes the importance of working across disciplines and speaking up when existing systems fail to serve vulnerable populations effectively (NOHS, 2015). For example, when a provider sees ongoing gaps in mental health support for single mothers, they should feel supported in raising those concerns, building partnerships with local organizations, and helping shape services that better meet real-life needs.

Trauma-informed care should be understood as an evolving practice rather than a single training or checklist. It requires ongoing commitment at every level of service to ensure that care remains sensitive to the individual experiences of those being served. This means moving beyond a task-oriented view of mothers and instead acknowledging the personal histories, challenges, and cultural contexts that shape their mental health. Rather than focusing on deficits, providers must consider the underlying experiences that contribute to a mother's current struggles and explore how to support her in ways that align with her daily reality. Adopting this perspective enables more individualized care strategies, fosters stronger relationships between providers and clients, and increases the likelihood of long-term success. When providers consider not just

emotional needs but also social, physical, and practical challenges, they help establish a more stable foundation for recovery and maternal well-being.

Holistic Postpartum Care Models

Mind–Body Approaches. Holistic postpartum care should address more than just immediate mental health symptoms—it should support mothers in restoring balance across emotional, physical, and psychological domains. Mind–body practices, such as mindfulness, intentional breathing, and gentle movement, can play a crucial role in helping mothers manage emotional distress, reconnect with themselves, and regain control over their experiences. Pilkington and Wieland (2020) discussed how practices like mindfulness and low-impact physical activity are associated with reduced symptoms of depression and anxiety, particularly when combined with community or peer-based support. These types of strategies are especially valuable for single mothers who may not have access to formal therapy or consistent emotional reinforcement. Mind–body tools are flexible enough to be used throughout the day, even during moments of high stress or caregiving demands.

Integrating mindfulness into postpartum care has shown promise in helping mothers regulate their emotions and cope more effectively with day-to-day stressors. Research by Liu et al. (2023) has linked mindfulness-based interventions (MBIs) to improved emotional stability and reduced depressive symptoms during the postpartum period. Simple practices such as deep breathing, grounding exercises, and mindful walking provide mothers with accessible and low-cost coping techniques. Similarly, physical approaches like gentle yoga or progressive muscle relaxation can help alleviate

physical discomfort and emotional overwhelm when practiced regularly. However, these tools are most effective when paired with a supportive care environment that normalizes self-care and empowers mothers to prioritize their well-being.

Another meaningful approach is journaling, which creates space for emotional expression, reflection, and healing. Journaling helps mothers process complex emotions, identify areas for growth, and reconnect with their core values. *A Mother's Love: A Journey of Reflection, Healing, and Growth* (Dumas, 2023), a journal I created for single mothers, was developed to offer a resource for emotional healing and empowerment. Feedback from mothers who used the journal indicated that guided prompts provided a sense of clarity and control during uncertain times, helping them track progress and navigate emotional recovery with intention. Including reflective tools like this in postpartum care encourages deeper self-awareness and emotional resilience.

Peer support further enhances holistic care by providing mothers with an opportunity to connect with others who truly understand their experiences and share similar experiences. Support groups and informal peer circles provide validation, reduce isolation, and help mothers feel more confident in their healing process. According to Dennis et al. (2009), peer connections have been linked to reduced depressive symptoms and greater trust in services. When paired with mind–body practices like mindfulness and journaling, peer support creates a multidimensional approach that addresses the emotional, social, and spiritual needs of postpartum women.

Mind–body strategies promote a sense of agency, particularly during a time when many mothers may feel emotionally overwhelmed or isolated. These techniques may

seem simple, but they can have a significant impact on how mothers process stress and develop emotional resilience. Kinser et al. (2020) found that practices promoting mindfulness and self-compassion were associated with improved mood, better sleep quality, and enhanced coping capacity. For single mothers who may be navigating postpartum recovery without consistent family or partner support, these strategies offer accessible and empowering ways to care for themselves. Incorporating such tools into postpartum care can help bridge service gaps and support long-term well-being in meaningful, culturally responsive ways.

Integration of Garbhanskar. What makes Garbhanskar especially relevant to this study is that it centers the mother's inner well-being as a foundation for both physical and emotional recovery. For single mothers facing isolation or high stress levels, this model encourages daily practices that foster peace, mindfulness, and connection. These practices not only support mental health but also help build a sense of control and empowerment during a time that often feels overwhelming. By combining emotional care with cultural sensitivity, Garbhanskar provides a meaningful framework for expanding trauma-informed care in postpartum services.

The model promotes holistic support by addressing the mental, emotional, and physical dimensions of a mother's health throughout the perinatal period. Drawn from Ayurvedic traditions, Garbhanskar integrates practices such as reflective meditation, nutritional mindfulness, chanting, spiritual affirmation, and intentional connection with the unborn child (Verma & Shukla, 2023). These practices are designed to reduce stress, deepen maternal-child bonding, and create a balanced, nurturing mindset. Verma and

Shukla (2022) highlighted how the traditional Garbh Sanskar framework has been adapted into modern maternal care to build emotional resilience and support mental well-being. Its emphasis on cultivating positive thought patterns, mindfulness, and spiritual reflection aligns closely with the principles of trauma-informed care. For single mothers, especially those with limited access to culturally responsive therapy, Garbh Sanskar offers a supportive, values-based pathway to healing during the postpartum period.

Complementary Supports: Nutrition, Peer Support, and More. A

comprehensive approach to postpartum care should encompass more than just clinical treatment; it must also address the day-to-day realities that impact a mother's recovery. Practical support such as nutrition, rest, and emotional connection often receives less attention, yet they are critical to promoting holistic wellness. For single mothers managing these responsibilities alone, small but consistent routines, such as maintaining a balanced diet, practicing healthy sleep habits, and engaging in stress-reducing activities, can create a sense of structure and control during a time of physical and emotional transition.

Peer support is another powerful component of holistic care. Research by Pilkington and Wieland (2020) shows that when mothers participate in peer-based wellness programs, they experience reductions in isolation and gain emotional validation through shared experience. For single mothers, being able to connect with others who understand their challenges can foster empowerment and reduce feelings of disconnection. These kinds of community-based relationships can help fill the gaps left

by limited family or partner involvement and reinforce the emotional resilience needed for long-term recovery. Integrating complementary support into postpartum services helps bridge the gap between emotional need and clinical treatment. When mental health care includes accessible, real-life tools and meaningful peer connections, it offers single mothers a more sustainable and supportive path to healing.

Local Context: Palm Beach County Service Gaps

Existing services and community organizations. To understand what is currently available in Palm Beach County, it is helpful to examine local programs that provide support to mothers. The Healthy Mothers, Healthy Babies Coalition of Palm Beach County (n.d.) delivers prenatal education, mental health screenings, and facilitates peer support groups such as Circle of Moms. These services are valuable in building community and addressing some emotional health concerns early on. Similarly, the Children's Services Council of Palm Beach County (n.d.) operates through its BRIDGES sites to offer parenting education, childcare resources, and neighborhood-based supports. Hearts for Moms (n.d.), a faith-driven organization, focuses on single mothers by providing housing support, essential items, and spiritual guidance.

While each of these programs contributes meaningfully to maternal well-being, they often function in isolation and may not provide sustained, trauma-informed care that aligns with the complex mental health needs of single mothers. Many existing services are short-term in nature or emphasize parenting skills without deeply engaging in the emotional and psychological dimensions of postpartum recovery. As a result,

single mothers facing PPD are often left without consistent, culturally attuned support systems that address both their immediate and long-term challenges.

This gap reveals the urgent need for a coordinated model that integrates mental health services, peer-based care, and trauma-informed practices. The lack of follow-through and collaboration across programs means that many mothers are navigating recovery alone, without a framework that acknowledges their lived realities. A trauma-informed, holistic approach rooted in collaboration, cultural responsiveness, and ongoing emotional support is essential. These service gaps form the foundation of this study, highlighting the need for new models to transform care delivery for postpartum single mothers in Palm Beach County.

Identified Limitations and Unmet Needs. While the presence of these agencies is valuable, the support they offer is often fragmented and temporary in nature. Most programs concentrate on general maternal or mental health needs, with few offers targeted, trauma-informed services that reflect the unique challenges single mothers face during the postpartum period. Access to counseling is often limited by long waiting times, and culturally responsive care remains inconsistent nationwide. As highlighted by Sambrook Smith et al. (2019), mothers experiencing emotional or financial hardship, especially those without strong social networks, often struggle to access services that feel relevant to their lived experiences, which can further discourage engagement in care.

Opportunity for Improvement Through Integration. There is a growing urgency to enhance how maternal mental health services are provided in Palm Beach

County, especially for single mothers navigating PPD. Although various programs exist, they tend to function separately and often fail to address the interconnected emotional, psychological, and practical needs of this population. Local health data reflect a rising concern for mental wellness, with an increasing number of residents reporting challenges related to emotional well-being (Florida Department of Health, 2025). Additionally, the Health Care District of Palm Beach County (2017) identified that a lack of coordination between physical and mental health services continues to affect vulnerable groups. These findings point to the need for a more unified, trauma-informed approach that can effectively meet the complex needs of postpartum single mothers sustainably.

In 2023, the Florida Hospital Association reported that mental health conditions were a contributing factor in 10% of pregnancy-related deaths across the state, with suicide accounting for approximately 1 in 5 postpartum fatalities. These sobering statistics highlight the urgent need for a more coordinated and responsive model of maternal care, one that integrates mental health services, peer support, social resources, and culturally responsive practices into a single, accessible system.

Mothers are more likely to engage in care that feels safe, consistent, and aligned with their lived experiences. This underscores the importance of strengthening interagency collaboration, expanding trauma-informed training for service providers, and promoting policies that support long-term, comprehensive care. Through shared responsibility and intentional practice, we can foster environments that better support

single mothers in their healing and equip them to provide their children with a stronger, more stable foundation for the future.

Role of Human Services Professionals

The Palm Beach County Community Health Improvement Plan emphasizes the importance of improving coordination between physical and behavioral health services as a strategy to enhance outcomes for vulnerable populations (Health Care District of Palm Beach County, 2017). Human services professionals play a critical role in bridging these service gaps, especially for single mothers affected by PPD. As stated in Standard 8 of the NOHS Code of Ethics (NOHS, 2015), professionals are expected to collaborate with others in advocating for and delivering comprehensive, high-quality care.

Whether working in mental health, child welfare, community outreach, or public health, collaboration is essential to ensuring that single mothers facing PPD are not overlooked. When professionals work across agencies, sharing information, coordinating care, and addressing the full range of a mother's needs, it results in a more supportive and connected experience that promotes long-term recovery and stability.

Training Needs. Delivering trauma-informed, culturally responsive care requires more than general awareness; it demands continuous, intentional training and education. Human services professionals must develop a deep understanding of how trauma, chronic stress, and social barriers such as financial strain or isolation can significantly influence a mother's emotional well-being, especially during the postpartum period. Smith and Bradley (2023) explain that trauma-informed practices are most impactful when professionals are trained to recognize complex emotional

patterns and respond in ways that foster connection, emotional security, and respect.

Through proper training, practitioners can help create service environments where mothers feel genuinely supported, which increases the likelihood that they will remain connected to care and experience more positive recovery outcomes.

Provider Experiences and Perspectives. Professionals who work directly with postpartum mothers are often acutely aware of the daily challenges these women endure. Many have emphasized the importance of building more integrated systems that enable timely connections to essential services such as mental health counseling, peer support, stable housing, and childcare. According to Dossett et al. (2024), when service coordination is lacking, it can significantly limit providers' ability to deliver the comprehensive care necessary for postpartum recovery. By centering the experiences of frontline professionals, we can better inform the development of policies and programs that are grounded in the realities of those they aim to serve especially single mothers navigating these hardships with limited support.

Summary

In the literature review, I explored the challenges single mothers face during the postpartum period, including depression, lack of access to care, financial stress, and cultural barriers. Research showed that trauma-informed and holistic care, like mindfulness, journaling, and peer support, can help with recovery and emotional well-being. While some programs are available, many mothers still do not receive the support they need because services are not always easily accessible or well-connected. These gaps highlight the need for a comprehensive care model that views the whole person and

integrates all aspects into a unified, supportive system. The goal was to ensure that mothers felt recognized, supported, and prepared for long-term healing rather than receiving only short-term solutions.

Section 2: The Project

Introduction

In this section, I provided a detailed overview of the project design and methodology that guided my qualitative action research study. This study aimed to develop a comprehensive framework that enhanced holistic care for postpartum single mothers in Palm Beach County. Section 2 outlined the study's purpose, explained how the findings informed a white paper, and described my role as the researcher. It also included details on participant recruitment and sampling strategies, the data collection process, which utilized a forced-choice survey with optional open-ended sections, and the approach to data analysis. Additionally, I outlined the ethical considerations that guided the study, ensuring participant protection, data confidentiality, and transparency throughout the research process.

Purpose Statement

The purpose of this qualitative action research study was to explore the perceptions of human services professionals regarding the trauma-informed and holistic care interventions needed to support single mothers experiencing PPD in Palm Beach County, Florida. This study was necessary because current services did not fully meet the emotional, social, and economic needs of single mothers during the postpartum period. By focusing on the insights of professionals who worked directly with this population, the study aimed to understand what was missing in current support systems and how care could be improved. The findings will help guide advocacy efforts and inform local

organizations and policymakers on how to create better access to services and stronger support for maternal mental health and family well-being.

Project Design

Based on the study findings, I wrote a white paper (see Appendix A) that reflects the perspectives of human services professionals who support postpartum single mothers. In composing the white paper, I used Stringer's (2014) action research framework, which involves observing the situation, analyzing patterns, and developing informed responses. I collected data through a forced-choice survey with optional open-ended sections to capture perspectives on existing service gaps. The analysis focused on identifying response patterns and areas where services could be improved. The goal was to translate these findings into practical, trauma-informed, and culturally responsive recommendations for strengthening postpartum care. The final white paper was prepared for use by human services professionals, local leaders, and community organizations to help guide and support meaningful changes

Methods

Role of the Researcher

As a qualitative action researcher, my role was to guide this study with care, transparency, and integrity. I was responsible for collecting and analyzing all data gathered from the forced-choice survey. My goal was to ensure that participants felt respected, valued, and comfortable sharing their professional perspectives through their survey responses. I approached the process with mindfulness and objectivity to maintain accuracy and uphold ethical standards throughout the study. Given my personal and

professional background in supporting women and families, I recognized that I brought a strong commitment to trauma-informed and holistic care. To minimize the influence of personal bias, I engaged in reflective journaling, sought peer feedback, and maintained detailed documentation throughout the research process, remaining open to all perspectives. From an ethical standpoint, I maintained clear professional boundaries by excluding anyone I currently knew or worked with to avoid potential conflicts of interest. All participants were fully informed about the purpose of the study, their rights as participants, and their ability to withdraw at any point without consequence. Informed consent was obtained before participation. Throughout the study, confidentiality and respect remained top priorities, and I ensured that all data was handled securely and with sensitivity to participant well-being.

Participant Recruitment and Sampling Strategy

The goal of this study was to recruit human services professionals with direct experience supporting single mothers during the postpartum period. I used purposive sampling to select participants who could provide meaningful insights into the emotional, cultural, and practical aspects of postpartum care from a professional perspective. Eligibility criteria required participants to have at least 1 year of experience in maternal health, mental health, or human services related to postpartum care and to be currently or previously employed in Palm Beach County. Recruitment took place through a professional Facebook and Instagram page created for this project, as well as by distributing printed flyers to local maternal health programs, support groups, and community agencies. Using both online and printed methods

made it possible to reach a wider audience while maintaining clear boundaries between my research role and my regular work. To avoid conflicts of interest, I did not include anyone with whom I had a personal or professional relationship.

The original goal was to recruit approximately seven participants, as this sample size was expected to generate rich insights while keeping the study manageable for in-depth analysis. However, recruitment continued, resulting in a total of 11 professionals completing the survey. Including these additional responses enhanced the study by offering a broader range of perspectives and contributing to more balanced feedback. All participants completed a brief eligibility screening to ensure they met the inclusion criteria before participating.

Data Collection

For this study, I collected data using a single method: a forced-choice survey with optional open-ended sections completed by human services professionals (see Appendix B). This method was chosen to provide structured, anonymous insights into professional experiences and observations related to postpartum care services in Palm Beach County. The survey questions were informed by the literature on PPD, trauma-informed care, and culturally responsive support for single mothers (Berring et al., 2024; Saharoy et al., 2023). The items focused on areas such as emotional wellness, access to care, cultural considerations, and the types of interventions professionals perceived as helpful or insufficient. Each question was written using clear and respectful language to promote psychological safety and encourage thoughtful responses.

Surveys were completed online, giving participants flexibility, privacy, and time to reflect. Each survey took approximately 20 to 30 min to complete. I directly collected all data, which I reviewed thoroughly. After each submission, I reflected on key insights to ensure participant voices were accurately represented.

Data Analysis

Data Analysis Plan

After collecting all survey responses, I reviewed the frequency distributions to identify patterns that connected directly to the research question. This process followed Stringer's (2014) action research framework, which focuses on observing the situation, identifying patterns, and developing practical strategies for improvement. To stay organized, I used Microsoft Excel to record responses, calculate frequencies, and create charts that visually showed how participants' answers were distributed across survey items. These visuals helped highlight the most identified needs, barriers, and recommendations, while I also made note of any outlier responses that reflected unique perspectives. Although the survey included optional open-ended items, no participants provided written answers to those questions. As a result, the analysis focused only on the forced-choice data, using quantitative trends to capture consistent patterns and ensure alignment with the study's design. Throughout the process, I remained mindful of potential researcher bias and took care to present all results with accuracy, integrity, and respect for participants' input.

Ethical Considerations for Data Collection

Ensuring that participants felt safe, respected, and protected was a top priority in this study. Consistent with the principles of action research, the process was conducted with transparency, grounded in community care, and built on mutual trust (Stringer, 2014). Before participating, everyone received an informed consent form that explained the purpose of the study, what participation involved, and their rights, including the option to withdraw at any time without penalty. I obtained approval from Walden University's Institutional Review Board (IRB) before beginning data collection. I also requested permission from community organizations that helped distribute recruitment flyers and referred to eligible participants. These agreements were documented and submitted with my IRB application.

To avoid potential ethical concerns with recruitment, I excluded all individuals with whom I had a personal or professional relationship. Participants were recruited through a professional Instagram and Facebook page created for this study, printed flyers shared directly with human services professionals, and outreach through local maternal health programs and community-based organizations. All recruitment materials included clear information about the study and my contact details, allowing potential participants to ask questions before deciding whether to participate.

To maintain confidentiality, no identifying information was collected in survey responses. Participants remained anonymous, and responses were recorded without names or personal details. All data was securely stored on a password-protected device or in a locked cabinet, with access limited to me. In accordance with ethical research

guidelines, all data will be destroyed 5 years after the study's conclusion. The study did not take place in my workplace and did not involve individuals I knew; there were no concerns about power imbalances or dual relationships. Ethical practices throughout the study ensured that participants' rights, privacy, and emotional well-being were protected.

Summary

In this section, I described the ethical foundation of my qualitative research study on enhancing postpartum care for single mothers. I reaffirmed the study's purpose and the researcher's role, clarified the recruitment process, and explained the use of surveys for data collection. Frequency analysis, informed by Stringer's (2014) action research model, was used to identify key patterns in the data. Every step of the study was conducted with attention to obtaining informed consent, maintaining confidentiality, and upholding professional responsibility. In Section 3, I present the findings and explain how they contributed to the development of a trauma-informed, culturally responsive framework for postpartum care.

Section 3: Results of the Study

Introduction

In the proposal, I originally planned to recruit approximately seven participants. However, data collection continued beyond that number and concluded with 11 completed surveys, at which point responses became consistent and repetitive. While the initial plan included interviews and a focus group, recruitment challenges made this approach difficult to implement. As a result, I shifted to an online forced-choice survey format that included optional open-ended sections. This adjustment allowed me to reach more professionals efficiently while maintaining the study's purpose of gathering diverse perspectives from human services professionals in the field.

In this section, I present the results of my study by exploring the responses of human services professionals on the trauma-informed and holistic care interventions needed to support single mothers experiencing PPD in Palm Beach County. Guided by Stringer's (2014) action research framework, I reviewed and analyzed the survey responses using frequency distributions and charts to identify the most identified responses across the data. These findings highlight the needs, barriers, and recommendations reported by participants, connecting directly to my literature review and conceptual framework, which emphasized the importance of trauma-informed and holistic care through the model of Garbhasanskar.

Research Question

The research question for the study was, What are the perceptions of human service professionals regarding the trauma-informed care interventions needed to enhance holistic care for single mothers experiencing PPD in Palm Beach County, Florida?

Presentation of the Results

This section presents the results of the forced-choice survey completed by 11 human services professionals in Palm Beach County. The charts display numerical frequencies rather than percentages, so as not to suggest the generalizability or that the sample is representative of anyone other than those who participated, and to provide a clear representation of the data. To strengthen interpretation, the analysis emphasizes the combined results for Questions 2 and 3, 5 and 6, and 9 and 10, as these groupings highlight important patterns related to availability, barriers, cultural practices, service gaps, and perceptions of trauma-informed care.

Survey Question 1: Core Needs of Postpartum Single Mothers

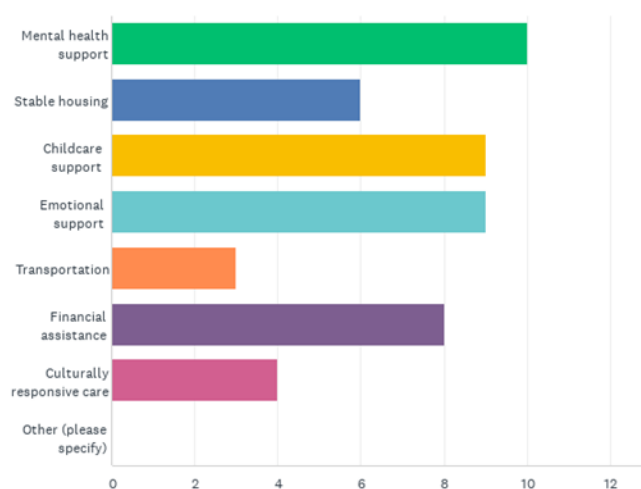
The core needs of postpartum single mothers are reflected in the results shown in Figure 1. Mental health support ($n = 10$), emotional support ($n = 9$), and childcare support ($n = 9$) were the most frequently reported needs. Additional priorities included financial assistance ($n = 8$), stable housing ($n = 6$), culturally responsive care ($n = 4$), and transportation ($n = 3$). Benton et al. (2024) emphasized that trauma-informed maternal mental health care and consistent counseling reduce the risk of worsening depression. They also align with Szurek-Cabanas et al. (2024), who identified unstable housing as a significant source of stress for postpartum mothers. Similarly, Agnafors et al. (2019)

found that limited childcare access and social support can intensify stress among single mothers, preventing them from prioritizing their own mental well-being, a pattern reflected in the survey results.

Figure 1

Perceived Core Needs of Postpartum Single Mothers

Q1 Which of the following needs do you most frequently observe among postpartum single mothers? (Select all that apply)



Combined Survey Questions 2 and 3: Availability of Trauma-Informed Care and Barriers

Figures 2 and 3 show that trauma-informed care was most often reported as somewhat available ($n = 5$) or limited ($n = 5$), with one respondent unsure. None of the participants indicated that it was very available or completely unavailable. The barriers most frequently reported were cultural and language challenges ($n = 10$), limited funding

and resources ($n = 9$), client mistrust or stigma ($n = 7$), inadequate staff training ($n = 6$), and high caseloads ($n = 5$). Taken together, these results suggest that while professionals see the value of trauma-informed care, consistent delivery is blocked by structural challenges. This is consistent with Saharoy et al. (2023), who found that limited resources often prevent trauma-informed care from being fully applied, and with Berring et al. (2024), who stressed the importance of regular staff training and organizational support. Edge (2010), also noted that cultural disconnection can cause mothers to disengage from services, which matches the patterns in these survey findings.

Figure 2

Perceived Availability of Trauma-Informed Care

Q2 How would you rate the availability of trauma-informed care in your work setting or referral network?

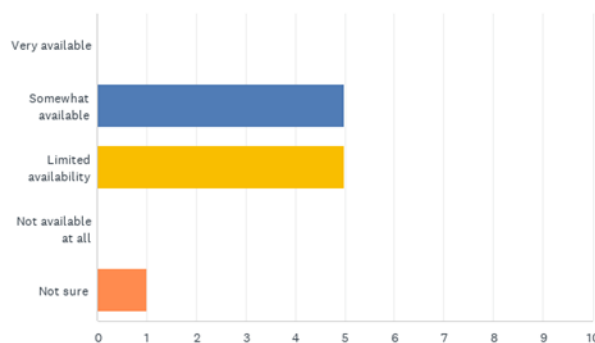
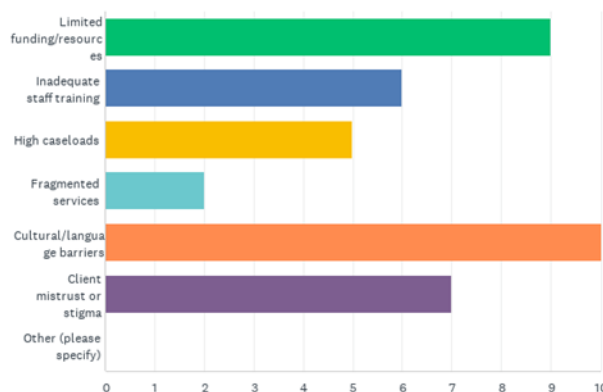


Figure 3*Perceived Barriers to Trauma-Informed Care*

Q3 What barriers make it difficult to provide holistic care to postpartum single mothers?
(Select all that apply)

**Combined Survey Questions 5 and 6: Cultural Practices and Service Gaps**

A look into the role of cultural practices and the service gaps that exist yields a clearer picture of both strengths and challenges. Figures 4 and 5 show that most respondents supported integrating cultural practices into postpartum care (yes, $n = 9$; not sure, $n = 2$). This indicates that professionals see culture as an important part of how mothers heal and engage with services. At the same time, when asked about service gaps, the most frequent responses were long-term mental health care ($n = 10$), access to culturally relevant providers ($n = 8$), peer support or mentorship ($n = 8$), affordable housing ($n = 6$), and transportation ($n = 5$). These results suggest that while cultural practices are valued, there are still significant barriers to ensuring consistent support. Edge (2010) found that culturally grounded providers help build trust and improve

engagement among mothers from minority backgrounds, which is reflected in these findings. Similarly, O’Mahen and Flynn (2008) emphasized that ongoing and coordinated mental-health care is necessary to prevent relapse, showing why gaps in long-term services place mothers at greater risk. Taken together, these results highlight that both cultural strengths and structural support must be combined to create care systems that truly meet the needs of postpartum single mothers.

Figure 4

Perceived Cultural Practices or Strengths That Should be Better Integrated Into Postpartum Care

Q5 Are there cultural practices or strengths you believe should be better integrated into postpartum care?

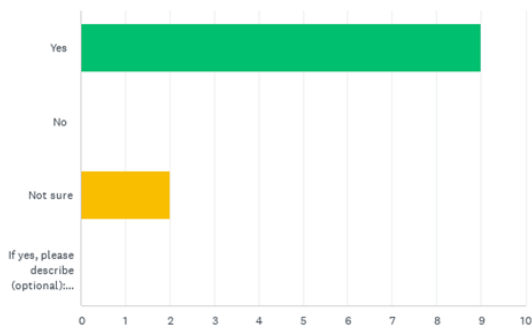
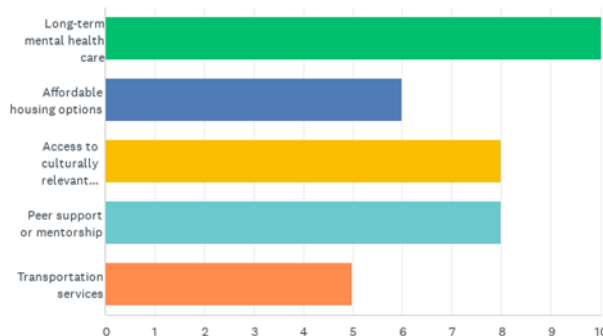


Figure 5*Perceived Barriers to Supporting Postpartum Single Mothers*

Q6 What gaps in services do you observe when supporting postpartum single mothers in Palm Beach County? (Select all that apply)



Combined Survey Questions 9 and 10: Helpfulness and Critical Factors of Trauma-Informed Care

As we look into the helpfulness of trauma-informed care and the factors that contribute to its effectiveness, the results in Figures 6 and 7 provide clear insight. Most professionals viewed trauma-informed care as beneficial, with three identifying it as very helpful and five describing it as somewhat helpful. Only one respondent considered it not helpful, while two indicated it did not apply to their role. When asked about the most important factors, the highest responses were consistent emotional support ($n = 9$), safe and welcoming spaces ($n = 8$), trust-building practices ($n = 8$), and culturally responsive services ($n = 6$). Other responses, including staff training and development ($n = 3$) and empowerment and choice ($n = 2$), were selected less often but still noted as relevant. Together, these findings emphasize that the effectiveness of trauma-informed care rests

on relational reliability—predictable support, safety, and trust. This is consistent with Kinser et al. (2021), who emphasized the importance of emotional connection and self-regulation in maternal care, and with Benton et al. (2024), who highlighted trust and safety as the foundation of trauma-informed practice.

Figure 6

Perceived Helpfulness of Trauma-Informed Care in Supporting Single Mothers

Q9 In your experience, how helpful is trauma-informed care in supporting single mothers?

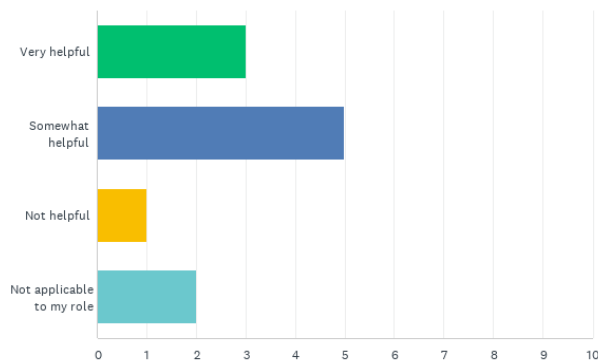
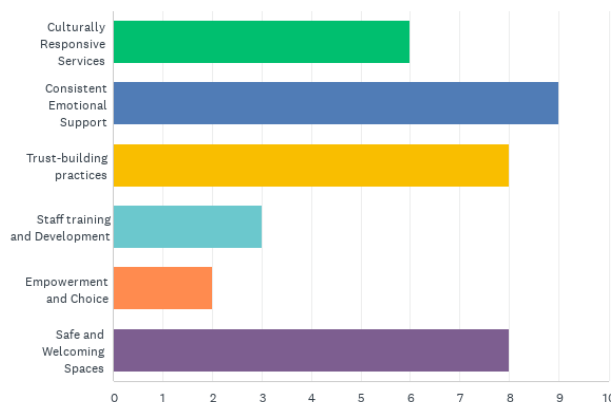


Figure 7*Perceived Critical Factors for Effective Trauma-Informed Care*

Q10 What do you believe are the most critical factors for effective trauma-informed care?
(Select up to 3)

**Outliers**

There were no significant outliers or discrepancy cases in the data. Most participants reported that trauma-informed care was either somewhat available or limited, while one participant indicated that they were unsure of its availability. None of the participants described trauma-informed care as very available or not available at all. All 11 responses were included in the analysis and used to shape the study themes.

Summary

When looking across all the survey questions, the results provide a clear picture of what professionals see as most important for supporting postpartum single mothers. The responses highlighted mental health counseling, emotional support, and childcare as the most common needs, followed by financial assistance, housing, culturally responsive

care, and transportation. At the same time, trauma-informed care was described as only somewhat or partially available, with barriers such as cultural and language differences, limited funding, stigma, staff training gaps, and heavy caseloads making it difficult to deliver consistently.

Respondents also supported the integration of cultural practices into care but pointed to ongoing gaps in long-term mental health services, access to culturally relevant providers, and peer support. Finally, most professionals agreed that trauma-informed care is helpful, identifying consistent emotional support, safe and welcoming spaces, trust-building, and cultural responsiveness as the most important factors. Together, these survey responses show that while there is agreement on the value of trauma-informed and culturally responsive care, there are persistent barriers that prevent services from being delivered effectively.

The results of this study show that while human services professionals value trauma-informed and holistic approaches, these services remain limited and fragmented in Palm Beach County. The needs, barriers, and recommendations identified in the survey not only align with the literature but also reinforce the relevance of the Garbhasanskar framework as a culturally responsive and trauma-informed model for strengthening postpartum care. These findings provide a foundation for advancing advocacy and practice within the human services field. The next section reflects on how these findings have shaped my development as a scholar–practitioner and offers recommendations for future advocacy and organizational improvement.

Section 4: Conclusion and Reflections

Introduction

In this section, I reflect on my personal and professional growth throughout the doctoral journey and present the recommendations that emerged from my study. I describe how I have changed as an individual, the skills I have strengthened as a scholar-practitioner, and how the findings of this study connect to opportunities for advocacy in the field of human services.

Reflection of Self

This doctoral journey has changed me in ways I never could have imagined. I began as a determined professional and mother, but I finished as a woman who has been stretched, tested, and refined by some of life's hardest lessons. Along the way, I carried the weight of loss, saying goodbye to loved ones while still showing up for my studies, my work, and my family. Walking through grief while carrying so many responsibilities taught me the fragility of time and the urgency of living with intention. It reminded me that my purpose is bigger than my pain and that the legacy I leave for my daughter matters more than anything. I learned that strength is not about never breaking, but about choosing to rise again each time life tries to keep me down.

Balancing doctoral studies with work and parenting often pushed me to my limits. There were nights when I wondered if I had anything left to give, juggling deadlines with the realities of raising my daughter. However, those sacrifices shaped me into someone who knows that perseverance is fueled not only by discipline but also by love, faith, and an unwavering commitment to keep going even when the odds feel impossible. My

daughter has been my anchor throughout this journey, reminding me that this degree is not just mine but also hers.

One of the most powerful truths I carry forward is that hardship and hope can coexist. Grief, sleepless nights, and heavy responsibilities did not break me; they refined me. They also pushed me to find new outlets for healing, such as writing and journaling, which became a way to process my own story and rediscover my voice. This transformation has left me more compassionate, grounded, and determined to use my personal journey as proof that it is possible to rise, heal, and lead in the face of adversity.

Reflection of Scholar–Practitioner

This doctoral journey also reshaped me as a scholar–practitioner. I developed my ability to connect research with practice and to view human services through both academic and practical lenses. Conducting this study taught me to value the voices of professionals on the front lines and to translate their experiences into knowledge that can inform real change. Through this process, I learned how to analyze survey data using frequency analysis, apply conceptual frameworks such as Garbhasanskar, and ground my work in trauma-informed and culturally responsive approaches.

One of the barriers I faced was the IRB process, which was rigorous and, at times, challenging to navigate. It required me to think critically about ethics, participant protections, and my own positionality as a researcher. While the process was demanding, it sharpened my understanding of what it means to conduct research with integrity. I am grateful for the guidance of my committee, which provided consistent encouragement and

constructive feedback throughout the process. Their support helped me stay grounded and confident as I navigated the more challenging phases of the doctoral process.

This journey also inspired me to expand my role as a practitioner beyond research by becoming a self-published author. Creating a journal for mothers allowed me to combine scholarship, creativity, and advocacy into a resource that encourages women to find their voice through reflection and writing. This project not only deepened my connection to the subject of maternal mental health but also demonstrated the power of integrating academic knowledge with practical tools for healing. As a scholar-practitioner, I now carry forward the responsibility to continue bridging research and practice, using my voice and work to advocate for systemic change.

Recommendations for Human Services Organization or Human Services Field Advocacy

From this study, I recognize the importance of examining deeper than surface-level problems and inquiring about what lies at their root. Many mothers may come with challenges like housing, childcare, or depression, but when I step back and see things through their lens, I realize these struggles are often tied to bigger systemic issues. I believe my role as a human services professional is not only to provide support but also to be a voice and an advocate for change. Accurate solutions emerge when we address the root causes, not just the symptoms.

Based on the results of this study, I recommend that organizations provide more trauma-informed training for staff, with special focus on maternal mental health and cultural humility. Agencies should also work harder to collaborate across health care,

housing, and social service systems so that mothers are not left to piece things together on their own. More resources and funding are needed to provide consistent long-term support, rather than temporary assistance. I also see value in incorporating culturally grounded practices, such as journaling, mindfulness, peer support, and spiritual support. These are simple but powerful tools that can help mothers feel affirmed and supported in real ways.

These recommendations align with the NOHS Code of Ethics, which states that professionals have a responsibility to advocate for social change and focus on prevention and intervention to promote client well-being (NOHS, 2015; see Standard 17). For me, this means I must continue to use my voice, both through research and practice, to push for systems that not only respond to problems but also prevent them. For me, advocacy is a responsibility, not a choice, and it is the path to building real and lasting change in my community and beyond.

Summary

In this section, I reflected on my personal growth and my development as a scholar-practitioner, and I offered recommendations based on my study findings. I shared how balancing loss, work, and single motherhood during this doctoral journey has refined me into a more resilient, compassionate, and purpose-driven individual. I also described how this process sharpened my ability to connect research to practice, navigate challenges such as the IRB process, and create practical tools like my self-published journal to support others. Finally, I outlined recommendations for trauma-informed training, stronger collaboration, expanded resources, and culturally grounded practices,

while emphasizing the importance of advocacy as a core responsibility in human services. These reflections and recommendations set the stage for continuing my work as both a professional and an advocate for meaningful change.

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Appendix A: White Paper

This white paper was developed from my doctoral research study, *A Comprehensive Framework to Enhance Holistic Care for Postpartum Single Mothers*. The purpose of this white paper is to share the key findings of that study and to provide clear recommendations for change that can strengthen postpartum services in Palm Beach County. The study focused on the perspectives of human services professionals who support single mothers experiencing postpartum depression and identified both the barriers they face and the solutions needed to improve care.

The sections that follow will outline the local problem, the role of stakeholders, and the market and social drivers that need change. The white paper also summarizes the ethical foundation of the research, presents evidence supporting the need for a solution, highlights the findings, and describes a proposed framework for trauma-informed, culturally responsive postpartum care. It concludes with concrete recommendations and a call to action for decision makers, service providers, and community leaders.

Problem Statement

Postpartum depression (PPD) continues to be a serious challenge for single mothers in Palm Beach County, where 1 in 3 households with children is led by a single parent (Federal Reserve Economic Data, 2023). Local programs such as Healthy Mothers, Healthy Babies, and 211 Palm Beach provide valuable support, but they often work in isolation and without a trauma-informed approach. Professionals in this study explained that many mothers are left to move from one agency to another with little coordination, often forced to manage fragmented services on their own.

The Palm Beach County Community Health Improvement Plan (2017) also reported gaps between physical and behavioral health systems, showing that these challenges have been ongoing. As a result, many mothers continue to face unmet needs in counseling, childcare, housing stability, financial support, and culturally responsive care. A high-level solution is the creation of a coordinated, trauma-informed postpartum framework that links agencies, reduces duplication, and integrates culturally rooted practices. Stakeholders, including health care providers, housing programs, and human service organizations, must collaborate to implement this solution, as no single agency can address the full scope of needs faced by postpartum single mothers.

Market and Social Drivers

Several factors make this issue urgent for both Palm Beach County and the human services field. Untreated PPD not only harms mothers but also creates long-term developmental risks for children. Disconnected services create inefficiencies and prevent families from receiving continuous care that supports recovery. Financial strain and unstable housing add to the emotional toll of recovery. Cultural stigma and the lack of affirming, culturally relevant practices discourage some mothers from seeking help at all. In addition, limited trauma-informed training and high caseloads reduce the ability of providers to deliver consistent, quality care. Together, these challenges highlight why Palm Beach County needs a stronger, connected system, one that is trauma-informed, culturally responsive, and designed to provide long-term, coordinated support for postpartum single mothers.

Ethical Considerations

All participants in this study were treated with respect, transparency, and care. Informed consent was obtained before participation, and no identifying information was collected. Responses were kept anonymous, and all data were stored securely on password-protected devices. In line with Walden IRB requirements, the data will be destroyed after 5 years. Participants were reminded they could stop at any time without consequence, and resources were available if the discussion raised any emotional concerns. Protecting confidentiality and emotional safety was a top priority throughout the process.

As a researcher and advocate, I conducted this study with integrity and clear boundaries. I did not recruit anyone I knew personally or professionally. Instead, recruitment was conducted through professional social media and local agencies to maintain neutrality. My role extended beyond collecting and analyzing data. I was also committed to preparing a study that could guide real change in postpartum care in Palm Beach County.

Data Collection

Data for this study were collected through a forced-choice survey with optional open-ended questions. A total of 11 human services professionals, including social workers, mental health providers, and community-based staff, completed the survey. The forced-choice design allowed for the collection of clear frequency counts on the needs of postpartum single mothers, barriers to care, and recommendations for strengthening trauma-informed, holistic services.

Data Analysis

Survey responses were analyzed using frequency distributions to identify patterns across the data. Results were then reviewed in relation to Stringer's (2014) action research framework, which emphasizes practical problem-solving. To strengthen interpretation, questions were combined to highlight broader patterns (e.g., combining Questions 2 and 3 to capture both availability and barriers). This process provided a structured way to identify consistent priorities and challenges, with results tied back to literature and to the Garbhasanskar framework as a culturally grounded model for care.

Findings

The findings of the study showed that postpartum single mothers face several consistent needs that remain unmet. Professionals most frequently identified mental health counseling ($n = 10$), emotional support ($n = 9$), and childcare ($n = 9$) as core support. Other important needs included financial assistance ($n = 8$), stable housing ($n = 6$), culturally responsive care ($n = 4$), and transportation ($n = 3$). These results highlight that when even one of these needs goes unmet, recovery becomes more difficult, and symptoms of depression can worsen.

In addition to needs, the survey responses highlighted systemic barriers such as cultural and language differences ($n = 10$), limited funding ($n = 9$), stigma ($n = 7$), inadequate staff training ($n = 6$), high caseloads ($n = 5$), and fragmented services ($n = 2$). Nearly all respondents reported that mothers are often left to navigate from one agency to another without coordination, resulting in a fragmented experience of care.

At the same time, professionals recommended solutions that could strengthen the system, including ongoing trauma-informed training, sustainable long-term funding, stronger collaboration between agencies, and the integration of culturally grounded practices such as mindfulness, journaling, and peer support.

Benefits of the Proposed Solution

The proposed solution is a trauma-informed postpartum care framework that brings agencies together, reduces duplication, and includes culturally rooted practices. With this approach, mothers would have steady access to counseling, childcare, housing support, and financial assistance, along with services that respect their cultural identity and values. The benefits include stronger recovery for mothers, healthier outcomes for children, and a more efficient system of care across Palm Beach County.

Requested Needs or Changes

- To move this solution forward, decision makers should:
- Secure sustainable funding to extend postpartum services beyond short-term or crisis support.
- Require ongoing trauma-informed training for providers in health, housing, and social services.
- Establish a countywide task force to strengthen coordination across agencies.
- Integrate culturally responsive practices such as Garbhasanskar, peer mentoring, and mindfulness into postpartum programs.

Recommendations for Next Steps and Call to Action

The recommendations for the next steps and call to action will require organizations, community leaders, and policymakers in Palm Beach County to adopt a coordinated, trauma-informed postpartum framework. Cross-agency agreements should be developed to reduce fragmented services and create smoother connections for families. Policymakers must secure sustainable funding to support programs beyond short-term relief. Human service professionals should also receive ongoing training that continues to strengthen their skills in recognizing and addressing postpartum depression, cultural barriers, and trauma-related needs. Together, these steps will help create a system that supports maternal recovery, promotes healthier outcomes for children, and ensures families are not left to face postpartum depression alone.

Call to Action

Trauma-informed and culturally responsive care should be the foundation of postpartum services, not an afterthought. Acting now will strengthen recovery for mothers, improve outcomes for children, and position Palm Beach County as a model for communities nationwide. This is a call to action for policymakers, service leaders, and community partners to collaborate and make these changes a reality.

Appendix B: Survey Instrument for Human Service Professionals

Section 1: Survey Instrument for Human Service Professionals

Purpose of the Survey

This anonymous survey is designed to collect professional insight from human services professionals who support postpartum single mothers in Palm Beach County. The goal is to explore the emotional, cultural, and support-related needs of this population and to inform improvements in trauma-informed and holistic postpartum care.

Instructions for Participants

Participation is voluntary and anonymous. You may skip any question or stop at any time without penalty. Your responses will be used only for research purposes. There are no right or wrong answers; please answer based on your professional experience. The survey will take 15–20 minutes to complete.

Survey Questions

1. Which of the following needs do you most frequently observe among postpartum single mothers? (*Select all that apply*)

- Mental health support
- Stable housing
- Childcare support
- Emotional support
- Transportation
- Financial assistance

- Culturally responsive care
 - Other (please specify): _____
-

2. How would you rate the availability of trauma-informed care in your work setting or referral network?

- Very available
 - Somewhat available
 - Limited availability
 - Not available at all
 - Not sure
-

3. What barriers make it challenging to provide holistic care to postpartum single mothers? (Select all that apply)

- Limited funding/resources
- Inadequate staff training
- High caseloads
- Fragmented services
- Cultural/language barriers
- Client mistrust or stigma
- Other (please specify): _____

4. To what extent do current services meet the following needs of postpartum single mothers? (Rate each one)

Area of Support	Fully Met	Mostly Met	Partially Met	Not Met	Not Sure
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical needs (housing, food, childcare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there cultural practices or strengths you believe should be better integrated into postpartum care?

Yes

No

Not sure

If yes, please describe (optional): _____

6. What gaps in services do you observe when supporting postpartum single mothers in Palm Beach County? (Select all that apply)

Long-term mental health care

Affordable housing options

- Access to culturally relevant providers
 - Peer support or mentorship
 - Transportation services
 - Other (please specify): _____
-

7. Which of the following would improve trauma-informed and culturally responsive care in your field or agency? (Select all that apply)

- Increased staff training
 - More funding/resources
 - Stronger collaboration between agencies
 - Inclusion of cultural healing practices
 - Ongoing reflective supervision
 - Other (please specify): _____
-

8. How well do the following systems collaborate to support postpartum single mothers in your experience?

System	Very Well	Somewhat Well	Not Well	Not Sure
Health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System	Very Well	Somewhat Well	Not Well	Not Sure
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/human services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In your experience, how helpful is trauma-informed care in supporting single mothers?

- Very helpful
- Somewhat helpful
- Not helpful
- Not applicable to my role
-

10. What do you believe are the most critical factors for effective trauma-informed care? (Select up to 3)

- Culturally responsive services
- Consistent emotional support
- Trust-building practices
- Staff training and development
- Empowerment and choice
- Safe and welcoming spaces
- Other (please specify): _____

11. What specific changes or improvements would you recommend to strengthen care for postpartum single mothers in your community? (Optional open-ended)