

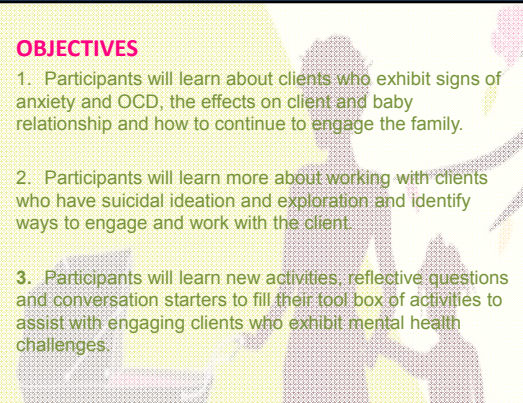
MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

Maternal Mental Health – 2
OCD, SI, and Toolbox Activities

LABBN & MMHN

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1



OBJECTIVES

1. Participants will learn about clients who exhibit signs of anxiety and OCD, the effects on client and baby relationship and how to continue to engage the family.
2. Participants will learn more about working with clients who have suicidal ideation and exploration and identify ways to engage and work with the client.
3. Participants will learn new activities, reflective questions and conversation starters to fill their tool box of activities to assist with engaging clients who exhibit mental health challenges.



Postpartum Obsessive Compulsive Disorder

Participants will learn about clients who exhibit signs of anxiety and OCD, the effects on client and baby relationship and how to continue to engage the family.

Postpartum Obsessive-Compulsive Disorder

- An anxiety disorder that is very disturbing for the mother
- Often she will not want to share with you due to her feelings of shame or worries that you will take her baby away
- Reported at 5% but numbers much higher
- Can present as compulsive behavior (checking, counting, lists)
 - Breastfeeding
 - Changing baby
 - Worries about germs
 - Fears about baby dying of SIDS (more than normal fears)

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Obsessions

- Intrusive thoughts (horrifying) Disturbing thoughts
 - Stabbing
 - Suffocating
 - Throwing
 - Dropping
 - Sexually abusing
 - Choking
- Thoughts of harming the baby or harm coming to the baby
- Upsetting images
- Unwanted images/thoughts/ideas
- Unable to distract self from these thoughts
- Cause anxiety
- Can be frightening
- Cause shame
- **Check for suicidal thoughts**

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Compulsions

- Behaviors to try to mitigate thoughts
- Repetitive behaviors
- Extreme measures
- Behaviors often do NOT stop the obsessions but can create new ones

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6

Postpartum Obsessive-Compulsive Disorder vs. Postpartum Psychosis

- Thoughts are disturbing and feel foreign for OCD vs. in psychotic thoughts, she may not question the thoughts
- Thoughts are often bizarre for psychosis with unusual reasoning
 - Religious focus
 - Paranoia
- Mother's response to the thoughts in OCD is to try to avoid the outcome (compulsive behaviors) vs. not trying to stop the thought and action
- Postpartum Psychosis is VERY rare. OCD is not.

BOTTOM LINE:

If ANY thoughts of harming baby, call a psychiatric consultation

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7

What can I do to help a mom with OCD?

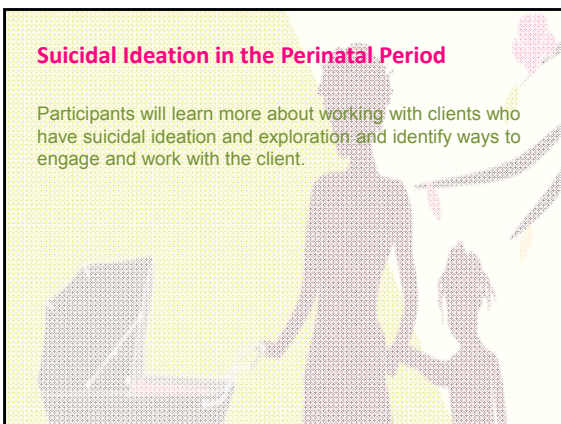
- Ask, "It is not uncommon for some mothers to experience upsetting or frightening thoughts. Have you ever had these?"
- Normalizing behavior does not mean she doesn't need help
- Do NOT promise not to report her to CPS but do take the time to listen to her level of distress
- What does YOUR gut tell you? SEEK SUPERVISION
- Ask her what she does to keep her baby and herself safe?
- Thank her for sharing her thoughts with you and refer for professional care
- If you are deeply concerned and feel she or the baby is not safe, get help immediately.

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Suicidal Ideation in the Perinatal Period

Participants will learn more about working with clients who have suicidal ideation and exploration and identify ways to engage and work with the client.



Lindahl,V.,J.L.Pearon,and L.Colpe. (2005)

...SUICIDE IS THE SECOND LEADING CAUSE OF POSTPARTUM MATERNAL DEATHS.

Appleby,L.,P.B.Mortensen,andE.B.Farragher. (1988).

POSTPARTUM WOMEN WITH HISTORY OF DEPRESSION 70% GREATER RISK OF SUICIDE.

Lindahl,V.,J.L.Pearon,andL.Colpe. (2005)

14% WOMEN REPORT SUICIDAL IDEATION DURING PREGNANCY OR POSTPARTUM.

World Health Organization

1 SUICIDE INTIMATELY AFFECTS MANY OTHER PEOPLE...PEOPLE WHO BECOME SURVIVORS

www.suicide.org

UNTREATED DEPRESSION IS THE #1 REASON FOR SUICIDE.


CDC

In 2010 38,364 suicides were reported.
Suicide is the 10th leading cause of death for Americans

EVERY 14 MINUTES, SOMEONE IN THE US DIES BY SUICIDE.

Postpartum Suicide Logic

Yael Saez, Postpartum Progress, 2011



I'M A TERRIBLE MOTHER = MY HUSBAND AND BABY DESERVE BETTER = THEY WILL REALLY BE BETTER OFF WITHOUT ME = I SHOULD KILL MYSELF.

Suicide – HOW?

- 34.4/5 medications such as tranquilizers or psychotropics or analgesics, antipyretics, or antirheumatics.
- 6.2% used more violent mechanisms, such as a cutting or piercing instrument (6.2%), jumping from a high place (0.5%), or crashing a motor vehicle (0.4%).

Melissa A. Schiff, MD, MPH; David C. Grossman, MD, MPH 2006

When?

Suicide attempts were most frequent in the first month postpartum (10.5%) and the 12th month (10.0%) and least frequent in the second (4.0%) and third (6.3%) months postpartum.

Melissa A. Schiff, MD, MPH; David C. Grossman, MD, MPH 2006.

Warning Signs

- o Appearing sad or withdrawn (& other depressive sx)
- o Talking or writing about death or suicide (will)
- o Feeling helpless, hopeless, anger/rage
- o Feeling trapped (no way out)
- o Dramatic mood changes
- o Lack of sleep (poor judgment – common in perinatal)
- o Substance abuse
- o Change in personality – look for impulsivity
- o Giving away possessions (including distance from baby)
- o Excessive guilt or shame

▪ Some people exhibit NO WARNING SIGNS

Suicide Risk Factors

- History of depression (or any mental illness)
 - Psychotic disorders have higher risk
 - Dual diagnosis
 - Prior psychiatric hospitalization – 27x higher risk
 - Family history
- History of suicide attempts
- Difficult pregnancy, ill baby
- Substance history

Katherine A. Contois, PhD; Melissa A. Schiff, MD, MPH; David C. Grossman, MD, MPH 2008

Risk Factors (Continued)

- Stigma of mental health and the perinatal period
 - Intimate partner violence (K. Gold 2011)
 - Physical or sexual abuse, trauma
 - Social isolation
 - Age (teen or over 40 higher risk groups)
 - High expectations of pregnancy or parenthood may lead to feelings of despair
- *Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame or despair (e.g., loss of relationship, financial or health status—real or anticipated), Ongoing medical illness (esp. CNS disorders, pain), Intoxication, Family turmoil/chaos – ACES (VI Felitti 2001)
- Traumatic birth experience
 - Fetal death
 - Death of infant in first year
- *Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- *Access to firearms**
*ACEES 2008

Screening tools for suicide

- PHQ – 9 “Thoughts you would be better off dead or of hurting yourself” (2 weeks)
- <http://www.integration.samhsa.gov/images/nc/PHQ9-20Questions.pdf>
- EPDS “The thought of harming myself has occurred to me” (2 weeks)
- <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>
- SAFE-T 5 step evaluation (assess risk)
- http://www.integration.samhsa.gov/images/res/SAFE_T.pdf
- SBQ-R 4 Questions (history, frequency, threat level, future)
- <http://www.integration.samhsa.gov/images/res/SBQ.pdf>
- C-SSRS 6 questions only pertaining to suicide (past month)
- http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Screening_Scale.pdf
- <http://www.commondataelements.mh.gov/isa/CSSRS%20ASD%20on%20Information.pdf>

Challenge in asking...

Why is it hard to ask?

We don't want to be intrusive	We don't want to make assumptions	We don't feel qualified to ask	We worry it will make us sad	We feel uncomfortable with the feelings	We are afraid to suggest feelings and make things worse
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"I felt so much better when my friend asked me how I was feeling. People were asking only about the baby. I was having such a rough time and my friend made me feel loved. She got me the help I needed." – Mom with Postpartum Depression

But we can make a difference!

NATIONAL MENTAL HEALTH PLAN
A PATH TO PROGRESS, 2016-2020

CSSRS

- CDC approved
- Demonstrated ability to predict suicide attempts
- Free
- Available in 103 languages
- Mental health training not necessary to administer

Suicide Risk Assessment

ISSUE	HIGH RISK	MEDIUM RISK	LOW RISK
'At risk' Mental State	Severe symptoms	Moderate symptoms	NO symptoms
Suicide attempt/thought	Continual, clear intention, specific, lethal	Frequent thoughts, low lethal, repeat threats	No thoughts, No attempts, low intentionality
Substance	Current use	Risk of use	No use
Corroborative History	Unable to access information	Some info, ? plausibility	Access and verify info
Strengths, supports	0 help, refusal, hostile	Ambivalent, inconsistent, few	Accepts help, therap. alliance
Reflective Practice	Low confidence, high change, poor engagement		High confidence, high engagement, low change

www.health.nsw.gov.au

Passive or Active Suicidal Thought?

- Not an indication of low risk
- Clinical judgment – thorough risk assessment necessary
- When does passive switch to active?
- Beck Scale

0 "would take precautions to save life" 1 "would leave life/death to chance (eg, carelessly crossing a busy street)" 2 "would avoid steps necessary to save or maintain life (eg, diabetic ceasing to take insulin)."

Bottom line – all suicidal thought can be high risk

R. Simon, 2014

Steps to Care

- 1 Engagement
- 2 Preliminary Suicide Risk Assessment
- 3 Immediate Management
- 4 Detection
- 5 Mental Health Assessment
- 6 Assessment of Suicide Risk
- 7 Corroborative History
- 8 Determining Suicide Risk Level
- 9 Management of Suicide Risk
- 10 Re-assessment of Suicide Risk



www.health.nsw.gov.au

Safety Plans

- Brief, personalized
- Activities for distraction
- Identify key contacts, connections, individuals
- Opportunity to tell their story
- Warning signs
- Collaborative
- NOT A NO HARM CONTRACT (ask people to stay alive without a means to do so)



“If you ever have the thought that you would like to die because your family deserves a better mother, know this: millions of other mothers had, have, and will have such thoughts. It hurts like hell, but it doesn’t mean you are a bad mother. So please don’t kill yourself today. Talk to your family, see your doctor, reach out for help. “

Yael Saar 2011 (what she tells her PSI callers)

Tools and Resources


- Assess and develop protective factors
 - strong perceived social supports
 - family cohesion
 - peer group affiliation
 - good coping and problem-solving skills
 - positive values and beliefs (spirituality)
 - ability to seek and access help.
 - Safety First
 - Create Plan when stable
- MY3 App
 - Involve family/loved ones
 - Consider baby in plan (may be used as an anchor)



National Suicide Prevention Lifeline
1-800-273-8255

Toolbox Stuff

Participants will learn new activities, reflective questions and conversation starters to fill their tool box of activities to assist with engaging clients who exhibit mental health challenges.



SHAME BLAME GUILT

- Working Moms vs. Stay at Home
- I'm a Bad Mom
- In violent relationships
- If only...



someecards
share card

MAINTAINING MENTAL HEALTH WITHIN THE MOTHERHOOD

Self-Disclosure

Examine your reasons for sharing!

Do you have a story?

- Do you want/need to tell that story?
- Stories of loss
- Stories of relationship challenges
- Stories of recovery
- Stories of treatment choices
- Parenting opinions
- Modeling



RED FLAGS TO SHARING

- Careful of own *biases*
- Careful of own *traumas*
- Careful of *triggering* others' traumas



Psycho-education Topics

- Feeding
- Sleep
- Colic
- Asking for help
- Pacifier & other soothing tools & techniques
- Mood management
 - Stress
 - Anxiety
 - Depression
 - Anger
- Talking to pediatrician & health providers
- Co-parenting with partners
- Communication to family
- Making ME a priority
- Nutrition and exercise
- Interaction with baby
- Infant massage techniques
- Reading to baby
- Toys and TV
- Avoiding self-blame and comparisons
- Child safety – home safety
- Budgeting
- Childcare
- Going to work
- Staying home with baby



Steer Clear of this Language

- You'll feel better soon, don't worry
- Get a positive attitude, that will make it all better
- Think of all the things you have to feel grateful for
- If you don't stop crying you will damage your baby
- What you need is to stop worrying so much
- We never complained back in the day
- I never felt that way, I don't understand why you do
- Motherhood is your job
- Please don't complain, no one likes a complainer



Try saying...

- This is not your fault
- There is support out there, I will help you get some
- The sooner you get help, the sooner you will feel better
- You are not alone, I'm here for you
- I know you are trying as hard as you can
- This must be very difficult for you
- Other people have gone through this and have gotten better with help
- You are a good mom, good moms can ask for help



NOT empathy

- *Fixing it* - What will help is...
- *Giving advice* - I think you should...
- *Interrogating* - How did it happen?
- *Explaining* - She said that only because...
- *Educating* - You can learn from this
- *Shutting down* - Don't worry about it
- *Consoling* - It wasn't your fault
- *Correcting* - That's not how it was
- *Commiserating* - He did that to you? The jerk!
- *One upping* - You should hear what happened to...
- *Evaluating* - If you hadn't been so rude
- *Sympathizing* - You poor thing!
- *Taking blame* - Sorry I should have

Source: Ruth Beaglehole and Echo Center for Parenting Education



Why some people can't engage in treatment

- Access to resources
- Stigma & Judgment
- Fear of "failure" as mom
- Fear of their children being taken away
- Fear of deportation
- Lack of information
- Lack of understanding
- Lack of trust in system
 - Bad experience in past
- Financial limitations
- Language
- Cultural belief system
- Insurance restrictions
- Transportation
- Childcare
- Lack of trust in others
- Isolation
- Anxiety & Depression

Source: Ruth Beaglehole and Echo Center for Parenting Education



How can we help them?

- “mother and child wellness”
- Ask each member what their values are
- Build relationships of **TRUST**
 - **PATIENCE PATIENCE PATIENCE**
- Be open and non-judgmental
- Remind of how group members are respectful of differences
- If possible, group options
 - Time, Location, Language
- Stay in connection even if she isn't ready now, she may be later



Managing Opinions

- **Child Rearing Philosophies**
 - Sears vs. “Cry it out” (judgment in all terms)
 - Attachment parenting vs. attachment
 - Feeding philosophies (lactation & solids)
 - Vaccination beliefs
 - Discipline
 - Religious belief systems
 - Cultural beliefs
- **Treatment Opinions**
 - Western vs. Eastern
 - Medication, marijuana, meditation
 - Exercise and nutrition
 - “My doctor vs. Your doctor”
- **Mom-competition**
 - What are developmental milestones
 - Children developing at different paces
 - Single vs. married
 - Heterosexual vs. same sex relationships
 - Haves and have nots



Referrals

- Psychiatry
- Individual counseling
- Couples counseling
- Substance Use Care
- Infant Massage Classes
- Lactation support
- Home visitation programs
- Regional Center
- School based healthcare
- Healthy Start
- Pediatrician office
- Parks & Recreation classes
- Parenting education classes
- WIC
- Legal Services
- Housing Support
- DV resources
- Department of Children and Family Services



Culture and Referrals

- Immigration status and fears
- Language of origin
- Culture of origin
- Cultural expectations of pregnancy and parenthood
- Traditions of parenthood



What can I say to family members?

Let him/her know why group is important to mom/dad's recovery.

Suggest the following:

- Offer support and encouragement -- your positive actions and words can reduce some of her suffering
- Encourage her to seek help -- this is the quickest path to recovery (and to stay in treatment -- all too often women quit too soon)
- Listen: Her feelings are real, so let her express them to you
- Allow her to focus on her own needs: Physical and social activities help women suffering from Perinatal Depression feel stronger, more relaxed, and better about themselves
- Take time for yourself. It is important for spouses and partners to continue with their work, hobbies, and outside relationships

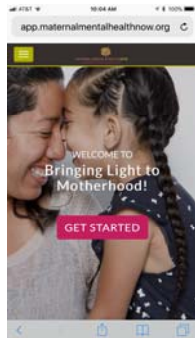


Telling our Stories can HEAL

- Awareness of symptoms and red flags
- Building social support
- Ability to be self-reflective
- Capacity to ask for and receive help
- Help finding resources
 - Faith based
 - Community
 - Education
- Access to healthcare
- Forming Positive Attitudes
- Listening to feelings



There's an APP for that



Exercise #1 – Mindfulness Cards



Exercise #2 – Diaper Bag

- Diapers
- Wipes
- Bottles (maybe formula)
- Bib
- Extra outfit
- Sunscreen
- Snacks (mom and baby)
- Toy
- Bottled water for mom (or formula)
- Pacifier
- Mom's stuff (wallet, keys)



Exercise #3 – CBT exercises

- STOP sign
- HALT
- Visualization
- Testing out self-perception
- Avoid generalizations “I always/never”
- Perception of a friend
- Catastrophizing – Newspaper headlines



Exercise #4 – Interest Inventory



THANK YOU

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