

Applied Skills in Perinatal Mental Health Assessment and Care

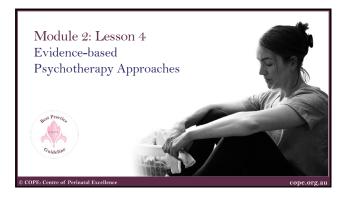
LESSON NOTEBOOK

Module 2 | Lesson 4

Evidence-based Psychotherapy Approaches



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Psychotherapy Approaches

- i. CBT
- 2. IPT
- 3. ACT
- 4. Compassion-focused therapy (CFT)
- 5. Attachment-based interventions
- 6. Other validated therapies
- 7. Psychotherapy challenges and solutions

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Applied Skills in Perinatal Mental Health:

Module 2: Lesson 4

Lesson 4 Overview

- 1. CBT (perfection)
- 2. IPT (role changes)
- 3. ACT
- 4. Compassion-focused therapy (CFT)
- 5. Attachment-based interventions
- 6. Other validated therapies
- 7. Psychotherapy challenges and solutions

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Evidence Base for CBT

Recommend individual structured psychological interventions (CBT or IPT) to women with mild to moderate depression in the perinatal period.

Advise women with symptoms of depression in the perinatal period of the potential benefits of facilitated self-help (based on cognitive behavioural principles).

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"Attention to the therapeutic relationship is paramount,	
and cognitive behavioural therapists place little, if any, significance on it."	
Amy Wenzel	
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"Session structure is too rigid and cold for a perinatal woman in substantial distress, who needs to be provided with a 'holding environment' that provides nurturance, reassurance, and a sense of safety."	
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"There is no way that a new mum who is frazzled and sleep-deprived can do homework in between sessions."	
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Application of CBT

- Importance of therapeutic relationship
- Needs to be flexible and collaborative
- Provides containment and organisation
- New technology supports application

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Problematic Cognitions and Behaviours

- Identity changes/conceptualisation
- Expectations and ideals vs reality
- · Perfectionist thinking
- Hypervigilance
- Inactivity
- Social isolation
- Poor problem solving
- Problematic use of technology (eg. social media)

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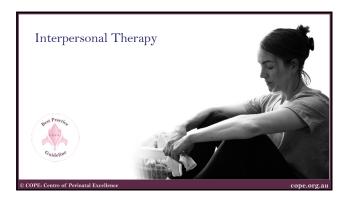
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Helpful CBT Strategies

- Psychoeducation
- Relaxation and self-regulation
- Systematic desensitization and Exposure therapy
- Cognitive restructuring and thought-stopping techniques
- Behavioural activation
- Use of technology

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Evidence Base for IPT

Recommend individual structured psychological interventions (cognitive behavioural therapy or interpersonal psychotherapy) to women with mild to moderate depression in the perinatal period.

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Benefits of IPT

- Depressive symptoms
- Marital and newborn relationships
- Improved psychosocial functioning

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Application of IPT

- Short term
- Time-limited
- Targeted to frequently presenting issues
- Collaboration and goal consensus
- Relational focus
- Inclusive of perinatal context
- Attachment-based
- Biopsychosocial model

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Application of IPT

- Loss and grief
- Role transitions
- Interpersonal disputes
- Impairment in partner relationship
- Improve social functioning and social engagement

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Helpful IPT Strategies

- Modify communication patterns
- Increase social supports
- Evaluation of expectations partners, family etc.
- Communication techniques/interpersonal communication
- Role plays

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Evidence Base for ACT

- 1. Acceptance
- 2. Cognitive defusion
- 3. Self as context
- 4. Contact with the present moment
- 5. Values
- 6. Committed action

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Application of ACT

- Concurrent treatment of depression and anxiety
- Flexible and adaptable application
- Turn off 'struggle switch'
- Mindfulness, presence
- Adaptable strategies
- Self-compassion

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Application of ACT

- Reduce brain activity
- Problem solving
- Identification of own value set
- Enhance psychological flexibility
- Expectations vs Reality

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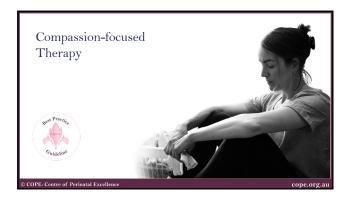
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Application of ACT

- Problem solving
- Defusion
- Mindfulness
- Connect with parenting values and goals

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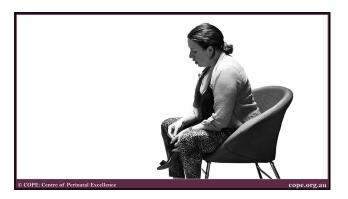
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"Self-compassion involves the capacity to soothe, comfort, and validate ourselves, as well as to protect, provide for and motivate ourselves, when things go wrong in our lives. It is learned, in part, by connecting with our natural compassion for others. Learning how to be self-compassionate also helps us sustain and expand our compassion for others."

James Bennett-Levy

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Application of Compassion-focused Therapy

- Multi-modal therapy
- Regulates negative affect
- Focus on self-judgment and internal critique
- Acceptance-based processes

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Compassion-focused Interventions

- Self-criticism
- Self-judgment
- Perfectionist traits
- Identification of own values
- Managing difficult emotions
- Shifting from criticism to kindness
- Work with challenging relationships
- Managing caregiver fatigue
- Increasing help seeking behaviour

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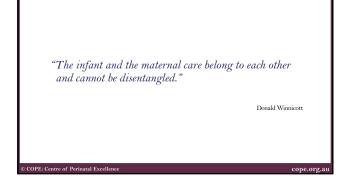
Helpful Compassion-focused Interventions

- Emotional regulation
- 'Good enough' mothering
- Practice mindfulness and self-compassion in daily life
- Practice the art of savoring and self-appreciation
- Self-compassion skills building
- Use self-compassion to live in accord with your values
- Appreciation exercises
- Compassion focused imagery exercises

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Effective Interventions in PMH	
Focus on key elements: 1. Maternal factors 2. Child factors and parent-child intervention	
2. Cliffd factors and parent-cliffd intervention	
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Attachment-based Interventions	
Application of attachment-based interventions: • Developmental	
Psychological	
Sociological Cultural	
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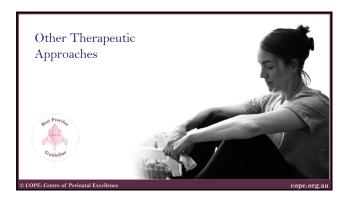
Guideline Recommendations

For women who have or are recovering from postnatal depression and are experiencing mother-infant relationship difficulties, consider provision of or referral for individual mother-infant relationship interventions.

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Relationship-informed Care

- Education historically focussed on mothers and infants
- Need to include fathers and partners

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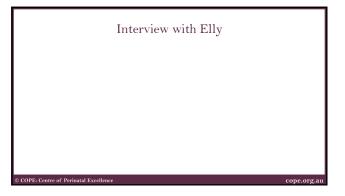
Relationship Informed Care

"We know from decades of research that perinatal relationship quality and the mental health of expecting and new parents are intertwined. And that relationship and/or mental health problems in either parent can negatively affect their baby. The flip side of this is that supportive relationships have a protective function."

Elly Taylor

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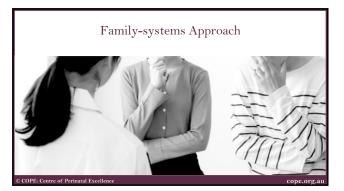


Factors Impacting Partner

- 1. Partner is unaware
- 2. Resentful feelings
- 3. Partner not coping themselves

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Family-systems Therapy

- Focus on the family unit as a whole
- Need to consider individual behaviour within the family context
- Impacts related to perinatal issues will affect other family members
- Strength and stability of the family unit can have a protective function

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Mindfulness and Mentalisation

- Mindfulness and mindfulness-based CBT
- Mentalisation

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Motivational Interviewing Application of Motivational Interviewing interventions: Increased attendance and retention Enhance treatment outcomes Factors Motivational Interviewing can support: Reducing drug and alcohol use Increasing behavioural activation Exposure therapy COPE. Centre of Perinatal Excellence cope.org.au

Group Therapy

- Connecting with others
 - Greater connection vs greater alienation
- Groups provide a format for implementing types of psychotherapy

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EMDR

• Focus on trauma memory and bilateral stimulation to reduce vividness and emotion from trauma

Factors EMDR can support:

- Improve internal resources
- Monitor psychological distress
- Access and process traumatic memories, life experiences, stressor
- Imaginal templates

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EMDR

"EMDR therapy can improve internal resources for expectant mothers; monitor their levels of psychological distress; and enable them to access and process traumatic memories, other adverse life experiences, recent stressors, and pre-perinatal concerns and bring them to adaptive resolution. EMDR therapy can also help pregnant mothers develop imaginal templates of future events that incorporate in utero developmental prenatal education and deepen their bonds with their babies."

Cortizo (2020)

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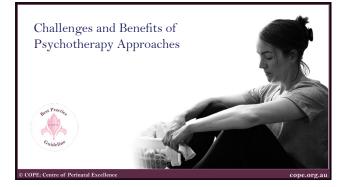
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Perinatal Disruptive Events

- Traumatic birthing experiences
- Infertility treatment, surrogacy, the adoption process
- Loss
- \bullet Pregnancy itself eg. health complications
- Antenatal mood and anxiety of psychosis
- Complications in the newborn period
- Postnatal mood, anxiety disorders or psychosis

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Challenges in Perinatal Context

- Personal resources internal and external
- Personal risk factors internal and external
- Opportunities for intervention
- Competing demands
- Accessibility

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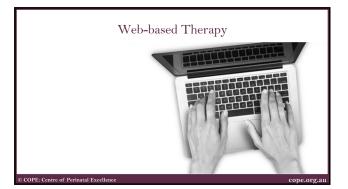
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Challenges in Engagement

- Sleep deprived
- $\bullet\,$ Time poor
- $\bullet\,$ Multiple health care appointments
- \bullet Biological component (particularly if medication resistant)
- Childcare
- Finances
- Access to available support
- \bullet Structure of healthcare system

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Telehealth

Benefits

- Greater accessibility
- Opportunity for direct observation
- Facilitation of collaborative care

Limitations

- May impede recovery
- Increase social isolation

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Specific Perinatal Subspecialties

- Infertility
- Birth trauma
- Grief and loss
- Communication and relationships
- Eating disorders and body image disturbance
- · Drugs and alcohol

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Psychotherapeutic Interventions

- Many areas where evidence exists for interventions
- Specific attributes of interventions can be highly relevant to, and adapted for perinatal context
- Best approach will be informed by the presenting needs of the client

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Lesson 4: Recap 1. CBT (perfection) 2. IPT (role changes) 3. ACT 4. Compassion-focused therapy (CFT) 5. Attachment-based interventions 6. Other validated therapies 7. Psychotherapy challenges and solutions

Lesson 4: Recap

- 1. Family systems therapy
- 2. Mindfulness and mentalisation
- 3. EMDR
- 4. Perinatal disruptive events

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