Applying Short-Term Interventions in Perinatal CoCM

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Rena Menke, PhD

POLL: Personal identification

How many years of experience do you have providing mental health services with the perinatal population?

a. Less than one year
b. Between one and three years
c. More than three years

Introduction

This presentation increases practice awareness of intervention techniques and tools to support the delivery of Collaborative Care Model (CoCM) to the perinatal population.

Objectives

- Participants will understand the basic theoretical background of Cognitive Behavioral Therapy (CBT)
- Participants will be able to identify short-term interventions that may be used when working with the perinatal population

POLL: Personal identification CBT

How would you rate your current familiarity with Cognitive Behavioral Therapy?

a. very familiar
b. somewhat familiar
c. vaguely familiar
d. not familiar

How important is it to you to enhance your Cognitive Behavioral Therapy skills?

a. very important
b. somewhat important
c. not important

The history of cognitive behavioral therapy

First wave

Behavioral Therapy

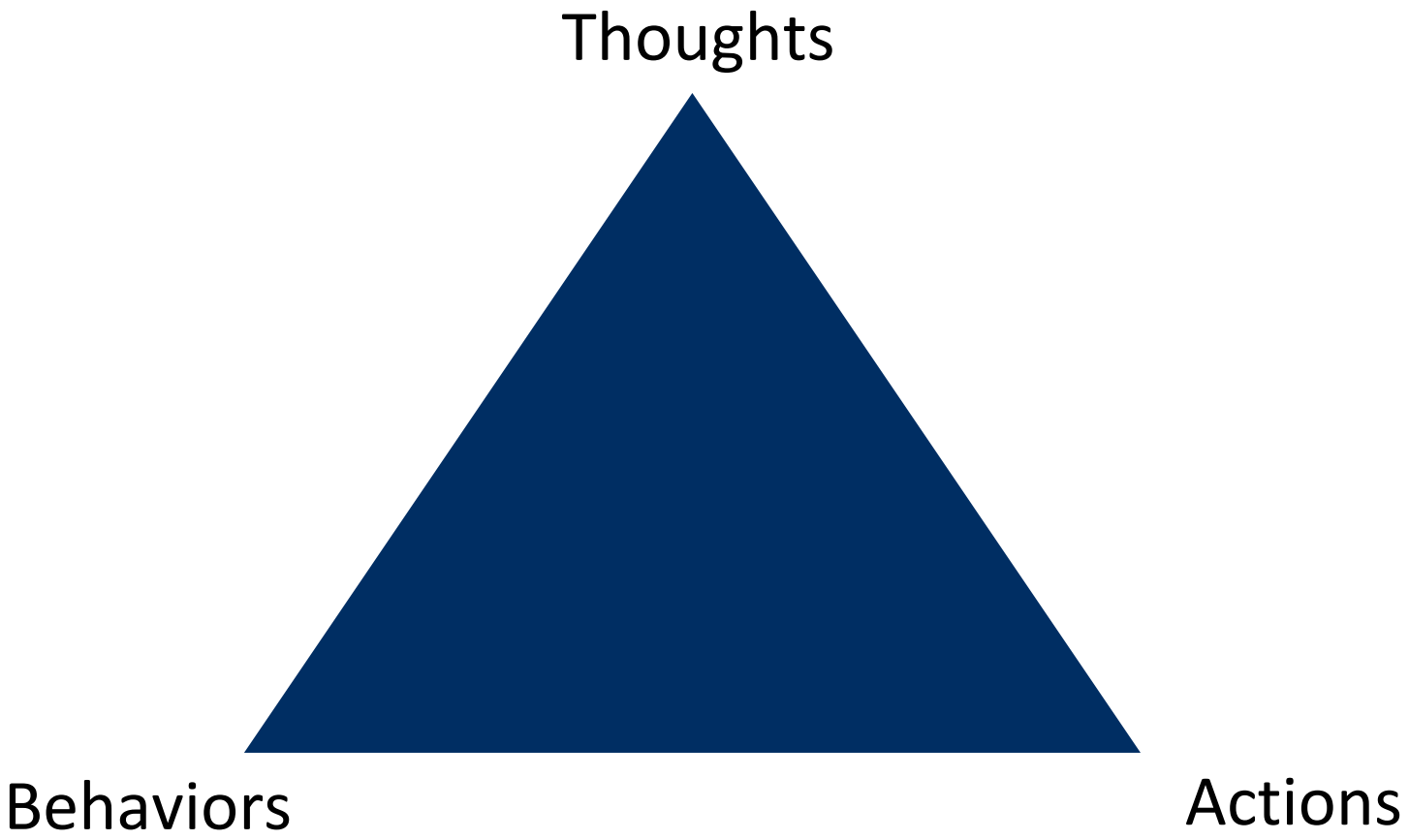
Second wave

Cognitive Behavioral Therapy (CBT)

Third wave

Dialectic Behavioral Therapy (DBT)

CBT basic orientation



Cognitive distortions

- **Catastrophizing:** seeing only the worst outcome
- **Overgeneralization:** broad interpretations made from a single event
- **Magical Thinking:** belief that acts have influence on unrelated situations
- **Personalization:** belief that we are responsible for events out of our control
- **Mind Reading:** interpreting thoughts and beliefs of others without facts
- **Fortune Telling:** belief or expectation that the situation will turn out poorly without facts to support this
- **Emotional Reasoning:** an assumption that emotions reflect the facts
- **Disqualifying the Positive:** acknowledging only the negative aspects of a situation and discounting positive
- **Should Statements:** the belief that things “should” be a certain way
- **All-or-nothing Thinking:** thinking in absolutes such as “always,” “never,” and “every”

Cognitive restructuring

Situation	Identify feeling and intensity	Identify thoughts and “hot” thought	Evidence for the hot thought	Evidence against the hot thought	Reframe hot thought	Re-rate feeling and intensity

Personal identification

How would you rate your current familiarity with Dialectical Behavior Therapy?

a. very familiar
b. somewhat familiar
c. vaguely familiar
d. not familiar

How important is it to you to enhance your Dialectical Behavior Therapy skills?

a. very important
b. somewhat important
c. not important

Dialectical behavior therapy

- Group and individual format
- Group is skill-based learning targeting emotion regulation socially and biologically
- Focus on acceptance skills
  - Mindfulness
  - Distress Tolerance
- Focus on change skills
  - Emotion Regulation
  - Interpersonal Effectiveness

Acceptance skills: mindfulness

- The act of consciously focusing the mind in the present moment without judgment and without attachment to the moment
- Allows space to be created from the emotion and behavior in a situation
- Disrupts “automatic” responses
- Wise Mind, Emotion Mind, Reasonable Mind
- Activities
  - Deep Breathing
  - Leaves on a stream
  - Birds-Eye View
  - Thoughts and Trains

Practice!

Activities

- Deep breathing
- Leaves on a stream
- Birds-eye view
- Thoughts and trains

Acceptance skills: distress tolerance

- Strategies for coping when experiencing great distress
- Allows individual to get from one moment to next without making the situation worse
- Radical Acceptance

Acceptance skills: distress tolerance

STOP in distressing situations

S: Stop
T: Take a step back
O: Observe
P: Proceed mindfully

Acceptance skills: distress tolerance

Distracting with Wise Mind **ACCEPTS**

- Holding Ice
- Snapping Rubber Bands

A: Activities
C: Contributions
C: Comparisons
E: Emotions
P: Pushing away
T: Thoughts
S: Sensations

Change skills: interpersonal effectiveness

- Improving interactions with others to have outcomes that they want; i.e., getting what they want without alienating others or losing self-respect
- Clarify priorities
  - What they want and how important it is (Objective)
  - Keeping a positive relationship (Relationship)
  - Maintaining self-respect (Self-Respect)
- Priority determines approach to situation
  - Objective: DEAR MAN
  - Relationship: GIVE
  - Self-Respect: FAST

Change skills: emotion regulation

- The ability to control or influence which emotions you have, when you have them, and how you experience or express them
- Provides background on purpose of emotion and emotion identification
- Acting opposite of the emotion
- Taking care of mind by taking care of the body
  - Myths of motherhood
  - Checking the facts
  - PLEASE MASTER

Myths of motherhood

1. You should enjoy every moment of parenting/mothering
2. Moms like their babies all the time
3. Asking for help is a sign of weakness
4. There is a right way and a wrong way to parent
5. We are shorting our children when we take care of our own needs
6. Breastfeeding is the best way to be bonded to your infant
7. A good mom bonds with her baby immediately
8. Mothering comes naturally
9. A good mother loves being a mother
10. All mothers are coping better than I am

PL	TREAT **P**HYSICA**L** ILLNESS	Take care of your body. Caring for others, requires us to care for ourselves. Make time to see a doctor, take medication, rest.
E	BALANCE **E**ATING	Eat regularly and reasonably. Keep high protein snacks available to maintain energy, eat mindfully, reduce sugar. Ask for help with meals from friends and family.
A	AVOID MOOD **A**LTERING FOOD AND SUBSTANCE	Do not use illicit drugs, reduce alcohol use or stop use if pregnant, watch for caffeine and sugar intake.
S	BALANCE **S**LEEP, REST WHEN YOU CAN	Talk to your supports about your sleep needs, rest when the baby rests, work towards establishing a routine for yourself and your infant.
E	BUILD IN **E**XERCISE	Try to find time for daily movement, build up to 20 minutes of daily exercise. Develop a routine and include friends/family for support.

References

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2. Burns, D. D. (1989). The feeling good handbook: Using the new mood therapy in everyday life.

3. Bresky, K., Rosenblum, K., Burns, N., & Muzik, M. (2021). Dialectical Behavioral Therapy for Pregnancy and Postpartum: Teaching Manual (first Edition). Zero to Thrive: Michigan Medicine, Ann Arbor, MI