

# Brief interventions with perinatal patients



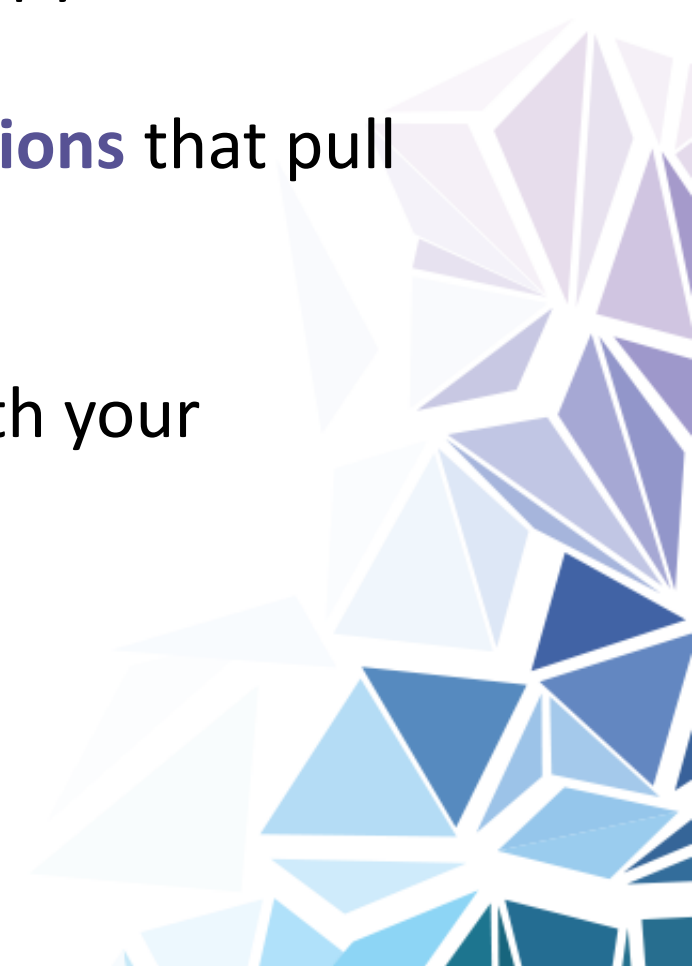
# Learning objectives

- Discuss brief interventions that may be used when working with perinatal patients
- Identify appropriate self-management goals for perinatal patients

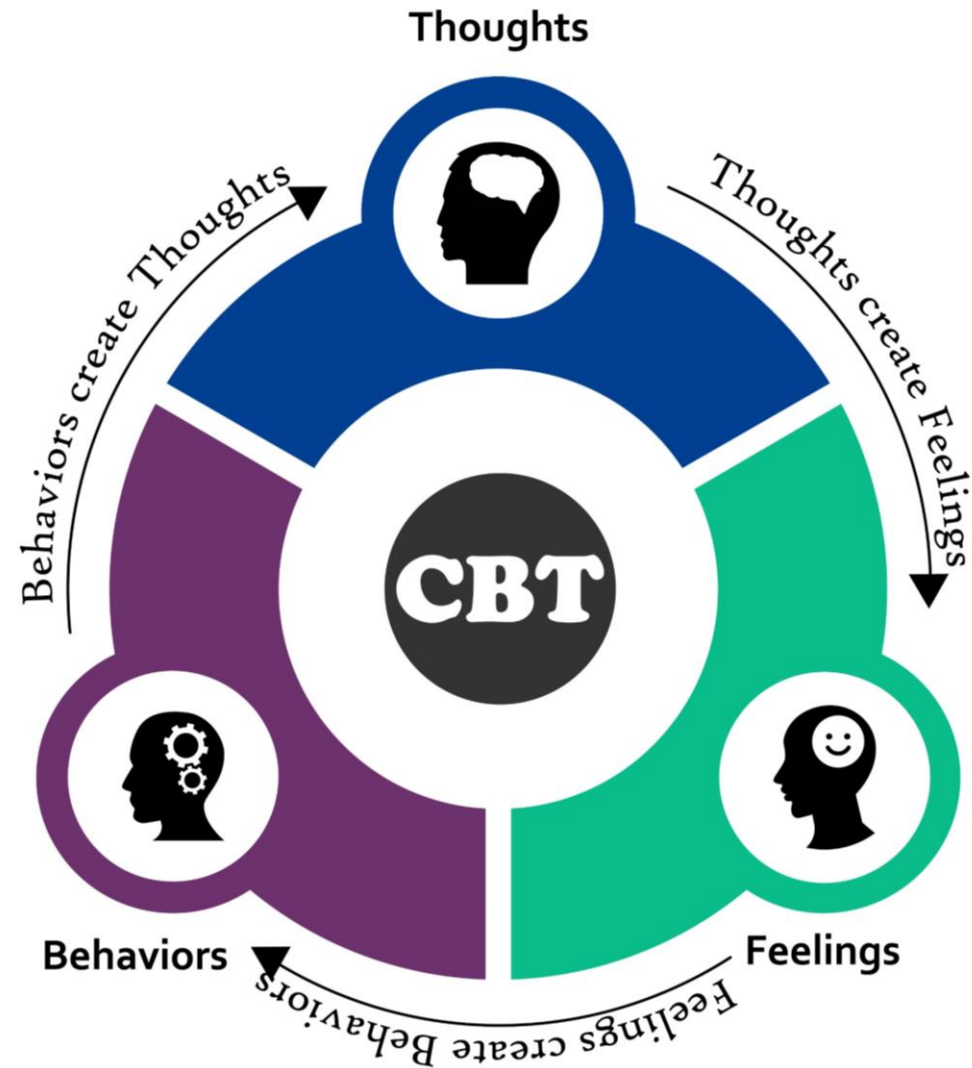


# Using brief interventions as a BHCM

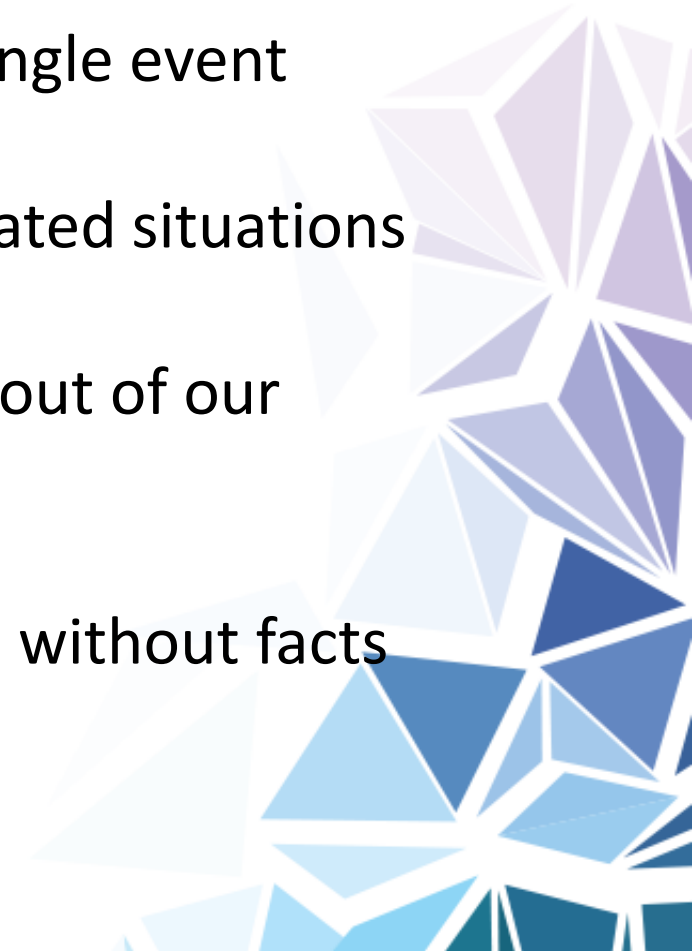
- BHCMS do not provide traditional mental health therapy
- However, BHCMS do utilize **brief behavioral interventions** that pull from a variety of therapeutic models
- There are many **evidence-based tools** you can use with your perinatal patients in addition to ones you already use



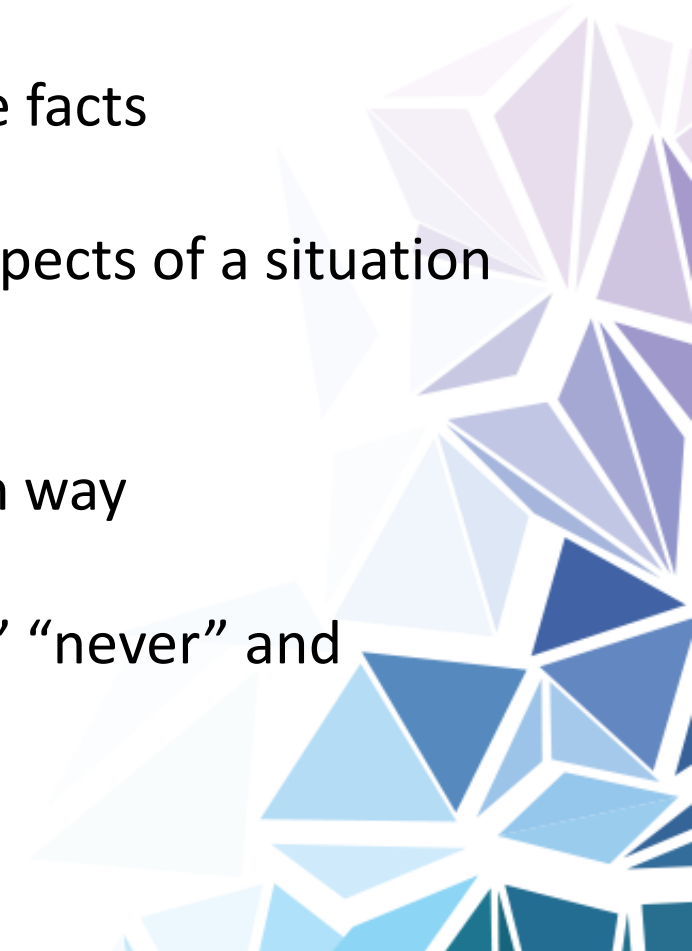
# Cognitive Behavioral Therapy (CBT) framework



# Types of cognitive distortions (1 of 2)

- **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
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# Types of cognitive distortions (2 of 2)

- **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”
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# 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 |
|-----------|--------------------------------|-------------------------------------|------------------------------|----------------------------------|---------------------|-------------------------------|
|           |                                |                                     |                              |                                  |                     |                               |

# 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       |
|---|--|---|---|---|--|-------------------------------------|
| 1 <sup>st</sup> time mom, 22 weeks pregnant, having frequent intrusive thoughts that baby will die in utero or at birth | Panic, worry, dread – intensity level 8/10 | <p><b>Thoughts:</b> Baby is in distress, and I won’t know; baby is going to die</p> <p><b>Hot thought:</b> Baby is going to die</p> | Mom has a close friend who had a stillborn at 38 weeks; has heard stories on social media of this happening | Ultrasounds and tests have been normal so far | All evidence so far shows that baby is doing well. I can call my doctor if I have concerns. Just because something happened to someone else doesn’t mean it will for me. | Mild anxiety – intensity level 4/10 |



# Myths of motherhood

You should enjoy every moment of parenting/mothering

Moms like their babies all the time

Asking for help is a sign of weakness

There is a right way and a wrong way to parent

We are shorting our children when we take care of our own needs

Breastfeeding is the best way to be bonded to your infant

A good mom bonds with her baby immediately

Mothering comes naturally

A good mother loves being a mother

All mothers are coping better than I am



# Dialectical Behavior Therapy (DBT)

- Group and individual format
- Skill-based learning which targets emotion regulation, socially and biologically
- Focused skills
  - Acceptance
    - Mindfulness
    - Distress tolerance
  - Change
    - Emotion regulation
    - Interpersonal effectiveness

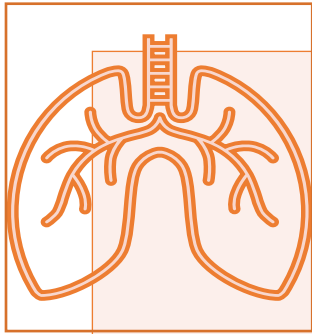


# Acceptance skills: mindfulness

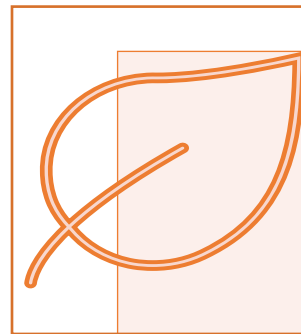
- The act of consciously focusing the mind in the present moment **without judgment and without attachment** to the moment
- Allows space to be created from the emotion and behavior in a situation
- Disrupts “automatic” responses
- Wise mind, emotional mind, reasonable mind



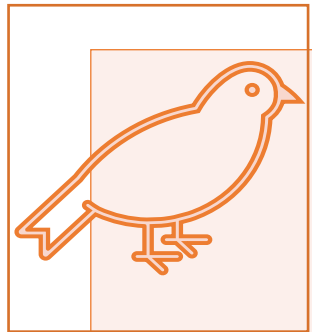
# Mindfulness activities



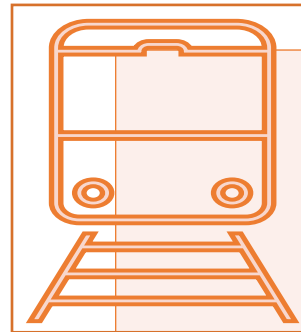
**Deep breathing**



**Leaves on a stream**



**Birds-eye view**



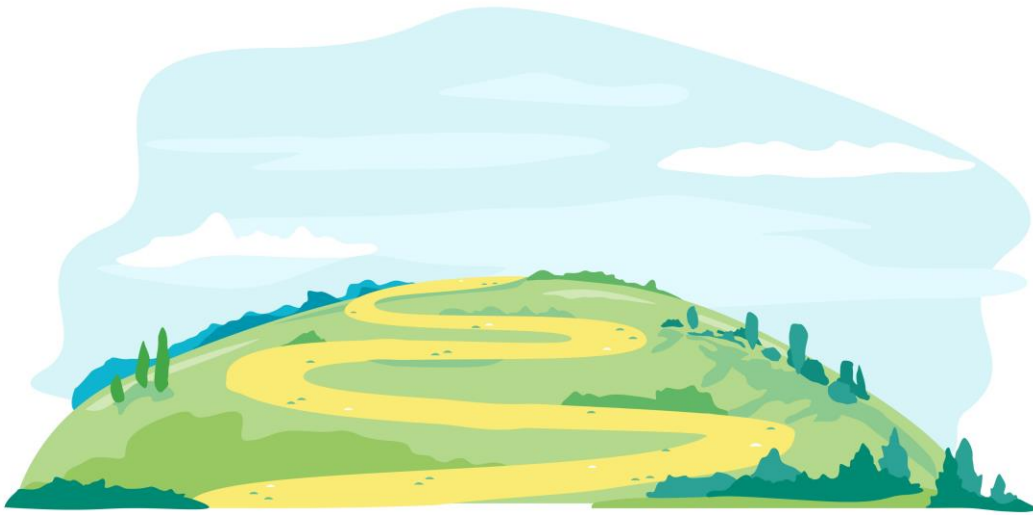
**Thoughts and trains**

# Leaves on a stream



<https://www.youtube.com/watch?v=5qM-NBgBTS0>

# 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

# Distress tolerance: STOP



- **S**top
- **T**ake a step back
- **O**bserve
- **P**roceed mindfully

# Distress tolerance: ACCEPTS

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





# Change skills: interpersonal effectiveness

- Improving interactions with others to **get the outcomes that they want without alienating others or losing self-respect**
- Clarify priorities
  - What they want and how important it is
  - Keeping a positive relationship
  - Maintaining self-respect
- **Priority determines approach** to situation
  - Objective: DEAR MAN
  - Relationship: GIVE
  - Self-Respect: FAST



# Interpersonal effectiveness: DEAR MAN

**D**escribe the situation

**E**xpress your thoughts and feelings

**A**ssert yourself

**R**einforce and reward

**M**indfully keep your focus on the goal

**A**ppear confident

**N**egotiate



# Interpersonal effectiveness: GIVE and FAST

**G**entle

**I**nterested

**V**alidate

**E**asy

**F**air

**A**pologies

**S**tick to values

**T**ruthful



# Change skills: emotion regulation

- Emotion regulation is the ability to control or influence **which emotions you have, when you have them, and how you experience or express them**
- Emotion regulation skills help people:
  - Understand and identify their emotions
  - Decrease frequency of unpleasant emotions
  - Reduce emotional vulnerability
  - Decrease emotional suffering
- Opposite action, checking the facts, ABC PLEASE



# Emotion regulation: ABC PLEASE

|           |   |
|-----------|---|
| <b>A:</b> | <b>A</b> ccumulate positive experiences |
| <b>B:</b> | <b>B</b> uild mastery                   |
| <b>C:</b> | <b>C</b> ope ahead                      |

|            |   |
|------------|---|
| <b>PL:</b> | Treat <b>p</b> hysical illness                  |
| <b>E:</b>  | Balance <b>e</b> ating                          |
| <b>A:</b>  | Avoid mood <b>a</b> ltering food and substances |
| <b>S:</b>  | Balance <b>s</b> leep, rest when you can        |
| <b>E:</b>  | Build in <b>e</b> xercise                       |

# Developing appropriate self-management goals for perinatal patients



- Consider unique psychosocial stressors of pregnancy and postpartum
- Start small and build from there as patient is ready
- Utilize patient's social supports when possible

# Perinatal self-management goal setting activity

## Sleep

- Patient will get 8-hour uninterrupted block of sleep at night.
- Is this a good goal? ❌
- Better goal: Patient will get 4-hour uninterrupted block of sleep by switching shifts with partner to care for baby.

## Feeding

- Patient will call a lactation consultant this week and set up an appointment to discuss breastfeeding challenges.
- Is this a good goal? ✅

## Activity

- Patient will meet a friend for a 20-minute walk around their neighborhood 1 day this week.
- Is this a good goal? ❓
- Consider individual patient's health status in developing an appropriate goal.

# Resources

- [DBT Tools](#)
- [The Feeling Good Handbook](#) by David Burns
- [Mind Over Mood: Change How You Feel by Changing the Way You Think](#) by Dennis Greenberger





# References

1. Hayes SC, Hofmann SG. The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*. 2017 Oct;16(3):245-246. doi: 10.1002/wps.20442. PMID: 28941087; PMCID: PMC5608815.
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

