



Helping Clients Access Treatment: Overcoming the Stigma of Perinatal Mood & Anxiety Disorders

Mary Carlisle LCSW
Hutchings Psychiatric Center
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Mary Carlisle does not have any financial relationships with commercial entities to disclose

Objectives

By the end of the presentation participants will be able to:

1. Recognize barriers to treatment for perinatal mood and anxiety disorders
2. Define stigma and identify three types of stigma associated with PMADs
3. Differentiate between ego-dystonic thoughts and ego-syntonic thoughts so that proper referral can take place
4. Identify helpful and not so helpful approaches to engage mothers
5. Identify resources for both parents and professionals

What We Already Know

- ▶ Postpartum mood disorders affect 10-20% of women (Centers for Disease Control ,2008)
- ▶ Despite increased screening of post partum mood disorders, there remains barriers to treatment
 - ▶ Barriers can be at the individual level or at the provider level
- ▶ 491 women receiving obstetrical care, only 25% who screened for PMAD's received treatment (Goodman and Viola, 2010)
- ▶ 50% of women drop treatment in 4 weeks or less (National Research Network-Olmsted Medical Center, 2018)

Untreated PMADS= Adverse Outcomes for Mom & Baby

- ▶ Increased risk of substance abuse
- ▶ Increased risk of suicide
- ▶ Preterm delivery
- ▶ Conflict in marriage/family
- ▶ Increase risk of attachment problems, developmental and cognitive delays in children (Moore, D., Ayers, S., & Drey, N., 2016).
- ▶ Financial impact

Other Reasons Moms Do Not Get Treatment

- ▶ Cost/affordability
- ▶ Lack of available service
- ▶ Lack of transportation
- ▶ Lack of childcare
- ▶ Lack of time
 - ▶ Limited maternity leave

What is Stigma?

Merriam Webster definition of stigma:

A mark of shame or discredit

<https://www.merriam-webster.com/dictionary>

Types of Stigma

- ▶ Internal stigma
- ▶ External stigma
- ▶ Treatment stigma

Internal Stigma

- ▶ Am I bad mother? Am I a failure? Negative view of self, shame
- ▶ Lack of understanding of what is normal transition/emotions
- ▶ Internal stigma is linked to low self esteem , reduced disclosure, and lower chances of seeking treatment (Moore, D., Ayers, S., & Drey, N., 2016)
- ▶ Moms often want to present as they are coping out of fear they will be a "bad mother"
- ▶ Bonding problems, problematic thoughts, and accessing mental health services in many women's minds are the definition of not being a "good mother"

External Stigma

- ▶ Fear of judgement from providers
- ▶ Fear of CPS- my child taken away, loss of custodial rights
- ▶ Fear of looking like a “bad mother”
- ▶ Fear of forced hospitalization

Treatment Stigma

- ▶ Mom’s concerns about getting and sticking with treatment
- ▶ Feeling like a failure for going to therapy or taking medication
- ▶ What others may think about me getting treatment?
 - ▶ Stigma associated with treatment varied - Caucasian mothers were less likely to tell others about treatment than African American mothers (Bodnar-Deren, S., Benn, E. K., Balbierz, A., & Howell, E. A. 2017)

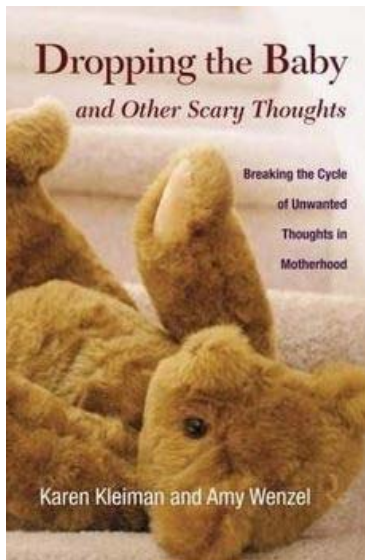
Stigma

- ▶ As a society we tend to move away from things we don't understand. We then tend to label and judge it as negative. Society portrayal of motherhood as often all positive, therefore there is lack of awareness about the struggles of motherhood.
- ▶ Education and understanding is key

Fear of Hospitalization/Police/CPS

Jessica's Story

<https://www.scarymommy.com/jessica-porten-facebook-postpartum-depression/>



picture from <https://postpartumstress.com/books/dropping-the-baby-and-other-scary-thoughts-breaking-the-cycle-of-unwanted-thoughts-in-motherhood/>

Differentiating Thoughts

- ▶ Karen Kleinman and Amy Wenzel in the book “Dropping the Baby and Other Scary Thoughts” Classify thoughts into two categories: Scary Thoughts and Really Scary Thoughts

“Scary Thoughts”

- ▶ Negative, intrusive
 - ▶ “What if I drop the baby down the stairs?” What if I get so mad I shake the baby?
- ▶ Can be thoughts images, or impulses (Abramowitz, Schwartz, & Moore, 2003)
- ▶ Actually very common symptom of postpartum anxiety, depression, and are common in new parents (Abramowitz, Schwartz, & Moore, 2003)
- ▶ 91 percent of new mothers experience obsessive thoughts about their baby at some point (Abramowitz, Schwartz, & Moore, 2003)
- ▶ Scary thoughts are ego-dystonic, which means they are against what the mother believes, the fact mom is distressed by these thoughts is reassuring- it is not who she is. (Kleiman, K. R., & Wenzel, A., 2015)
- ▶ No correlation between a mothers scary thoughts and her acting these thoughts (Kleiman, K. R., & Wenzel, A., 2015)

From: Kleiman, K. R., & Wenzel, A. (2015). *Dropping the Baby and Other Scary Thoughts: Breaking the Cycle of Unwanted Thoughts in Motherhood*. London: Routledge

“Really Scary Thoughts” - Needs Immediate Action

- ▶ Suicidal thoughts with intent or plan
- ▶ Psychosis- ego syntonic- appear real to who is experiencing them, not distressing
 - ▶ These thoughts are associated with increased likelihood of mother hurting herself or her child
 - ▶ Many women will not disclose SI out of fear of being hospitalized
 - ▶ If at all possible work collaboratively with mom, family, service providers to keep her safe in least restrictive environment.

From: Kleiman, K. R., & Wenzel, A. (2015). Dropping the Baby and Other Scary Thoughts: Breaking the Cycle of Unwanted Thoughts in Motherhood. London: Routledge

Should I Call CPS? I am a Mandated Reporter

- ▶ Follow your training
- ▶ Get as many facts as possible
- ▶ Do not react on emotion, react on facts
- ▶ Seek supervision/guidance if needed
- ▶ Consider protective factors/risk factors
- ▶ Document your decision either way
- ▶ If safe and possible discussion decision to call with client

Mandated Reporter Requirements Directly From NYS Office of Child and Family Services

- ▶ Mandated reporters are required to report suspected child abuse or maltreatment when they are presented with a reasonable cause to suspect child abuse or maltreatment in a situation where a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity.
- ▶ Generally, the term *abuse* encompasses the most serious harms committed against children. An abused child is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child.
- ▶ *Maltreatment* refers to the quality of care a child is receiving from those responsible for the child. Maltreatment occurs when a parent or other person legally responsible for the care of a child harms a child, or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education or medical care when financially able to do so. Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. A child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child

NYS Office of Child and Family Services

The Helping Professional- Helping Our Clients Access Treatment

What we do and say matters!!

- ▶ Negative experiences of disclosure make women hide more
- ▶ Even if mom is not ready for treatment, offer resources and follow up- "plant the seed"
- ▶ Help increase supports if at all possible- communities with strong social supports have lower rates of postpartum depression (O'Hara, 1995)
- ▶ Reframe belief about being a bad mother
- ▶ Address cultural expectations about high standards of motherhood (often not realistic)



Image from <https://www.wheninmanila.com/>

Motherhood Isn't Always Perfect

I don't need a
big, fancy vacation.

I'd be happy with a
trip to the bathroom
by myself.



<https://imagesforhappymothersday.com/happy-mothers-day-memes/>



<https://www.facebook.com/OurMamma>

Tips For the Helping Professional

- ▶ Listen, allow mom to ask question
- ▶ Be mindful of approach- Don't abruptly ask "Are you depressed? Are you having suicidal thoughts/scary thoughts? Instead say, "Its routine, we ask all new moms these questions" or "Many moms report feelings of anxiety or depression postpartum, how have you been feeling?"
- ▶ Try to get as much information as possible/keep your own emotions in check
- ▶ Use empathetic tone, not pity
- ▶ Validation "it is not uncommon for new moms to experience this"
 - ▶ Don't dismiss a mother's emotions however educate that what she is experiencing is common/normal

Tips for the Helping Professional

- ▶ Work within your scope, refer out if needed/collaborate with other professionals
 - ▶ Screening, educating and engaging moms does not equal diagnosis treatment
- ▶ Follow up if needed- even a phone call
- ▶ Wellness approach vs. mental health approach
 - ▶ Offer services outside of standard clinic
- ▶ Cultures who have low incidence of postpartum mood disorder have the ritual of provided support and care to mothers postpartum- this is in sharp contrast to more industrialized nations (Stern and Kuchman, 1983)- encourage self care/support
- ▶ Be mindful of cultural differences

Tips for the Helping Professional: What not to do

- ▶ Do not dismiss “its not a big deal” or “at least you have a healthy baby” or “get over it”
- ▶ Don't Judge
- ▶ Don't talk down
- ▶ Threaten CPS/police/hospitalization if they disclose
- ▶ Insinuate they are not being a good mother
- ▶ Do not react on your own emotion/bias

Resources for Moms & Dads

- ▶ Post Partum Support International- PSI Helpline:1-800-944-4773
 - ▶ <https://www.postpartum.net>

- ▶ Crouse Hospital Perinatal Program 315-470-7940
 - ▶ <https://www.crouse.org/services/maternity/familysupport>
 - ▶ In person support group

- ▶ Post partum Resource Center of NY- 1- 855-635-001
 - ▶ <https://postpartumny.org/>

- ▶ Online forums can be a useful tool- they are associated with less stigma. Does not replace professional help.
 - ▶ Online forums can provide a safe place to process feelings of shame, making it more likely they will get treatment. However over use of forums could cause reliance and avoidance (Moore, Ayers, Drey, 2016)

Resources for Professionals

- ▶ Project Teach- Consultation services for Providers
 - ▶ <https://projectteachny.org/mmh/>

- ▶ Maternal Mental Health Now
 - ▶ <https://www.maternalmentalhealthnow.org/>- order tool kit

- ▶ National Child and Maternal Health Program
 - ▶ <https://www1.nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/pages/materials.aspx>

- ▶ The Post Partum Stress Center
 - ▶ <https://postpartumstress.com/karen-kleiman-msw-lcsw/>

- ▶ Refer out/consult when needed

NYS OMH/HPC Perinatal Mental Health Clinic

- ▶ Therapy- Individual & groups
- ▶ Psychiatry- medication management
- ▶ Maternal Mental Health Certificate through PSI
- ▶ Certified Circle of security Parenting trainer



Why a Perinatal Clinic at HPC? Does it Perpetuate Stigma?

Services should reach all Moms!

Our clinic provides another resources for some mothers who may not otherwise be able to access treatment

- ▶ Mothers living in poverty are 3 times more likely to experience post partum mood disorders (SAMHSA, 2008)
- ▶ Depression often occurs in the context of other challenges
- ▶ Evidence has suggested that therapies that focus on both mothers and young children can improve outcomes (<http://www.developingchild.harvard.edu>)
- ▶ In some cases moms may have underlying SMI
- ▶ Transportation, childcare, and insurance are all barriers

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