Bereaved Parents With Pre-existing Mental Illness

A Guide for Discernment

Deborah Rich, PhD., Licensed Psychologist, CPLC
www.shoshanacenter.com
International Death, Grief and Bereavement Conference
June 2016

Transition to Parenthood

- Developmental stage
- Identity transition
- Attachment
- Meaning-making
- Life Story

Psychology of Pregnancy

- Developmental crisis - upheaval followed by positive resolution.
- Intensification of unresolved family-of-origin issues.
- Increase in self-esteem and self-absorption.
- Protector of the fetus.

Parenting Before Birth

- Anticipating upcoming events while pregnant or with baby
- Attributing features and personality
- Preparing room and clothes
- Gender and naming
- Socializing the baby into the community

Stages of Parenthood

1. Image-making stage
2. Nurturing stage
3. Authority stage
4. Interpretive stage
5. Interdependent stage
6. Departure stage

The Joys of Pregnancy

Worldwide Major Depression
- Leading cause of disability in women worldwide
- Prevalence 10 - 15% of all women
- Women aged 15-44 years old account for 84% of the world population with depression
- Pregnancy is not protective


Mental Health Disorder
- Mood and anxiety
- Psychosis
- Personality disorder
- Pre-existing or first onset
- Treatment history
- Perinatal onset

Estimated Prevalence of Perinatal Depression
US. Department of Health and Human Services, 2005.

Perinatal Mood and Anxiety Disorders

Postpartum Blues
- 50% to 80% of new mothers
- Peak on postpartum day 5
- Usually resolves by day 10
- Weepy
- Irritable, anxious
- Overwhelmed
- Poor eating and sleeping
- Difficulty concentrating
Postpartum Depression

- 10-15% in first pregnancy
- 50% recurrence after first episode
- 70% - 80% recurrence with history of MI and PPD
- Most frequent onset 6-12 weeks postpartum
- 3-fold risk in first 5 weeks postpartum

Perinatal Mood Disorders First Episode

- 5 - 20% of women experience their first episode of anxiety or depression during the perinatal period.
- Most frequent onset times are in the 2nd trimester and 6-12 weeks postpartum.
- Most common first onset of OCD, panic disorder and BPD in women
- Can occur up to 1 year postpartum
- Almost always treatable

Postpartum Psychosis

- 1-2 in 1000 women without a history of psychosis
- 1 in 3 with previous postpartum psychosis
- 5% suicide; 4% infanticide
- Postpartum psychosis occurs as early as 48-72 hours after delivery
- Bizarre delusions/hallucinations
- Cognitive difficulties prominent

Emotional regulation during pregnancy

Key Teaching Point

Although risk factors are valuable for identifying at risk women, even women without any known risk factors can suffer from perinatal depression, perinatal anxiety or perinatal psychosis.

Perinatal Death, Grief and Bereavement

- Miscarriage (less than 20 weeks gestation)
- Ectopic pregnancy
- Stillbirth (20 weeks and greater gestation)
- Neonatal Death (1st 28 days of life)
- Life-limiting Condition
**A Bridge to Hope**

©2012, Gundersen Lutheran Medical Foundation, Inc.

**Hospital Standards of Perinatal Bereavement Care**

- Seeing, holding
- Naming, blessing or baptism
- Mementos, keepsakes, pictures
- Autopsy, genetic studies
- Decisions about burial or cremation

**Hospital Standards Actualize the Loss**

- Parenting tasks
- Keepsakes
- Photography
- Ritual
- Socialize the baby

**Guided Participation Normal Perinatal Grief Trajectory**

- 1 - 2 weeks Shock & Numbness
- 4 - 6 weeks Searching & Yearning
- 3 - 6 months Disorientation
- 9 - 12 months Reintegration

**Triggers**

- Due date
- Anniversary dates
- Holidays
- Family events

**Goals of therapeutic interventions**

- Anticipatory guidance
- Address patient-identified challenges
- Create a complete narrative
- Preserve the couple relationship
- Engage in a meaningful life
- Return to previous level of functioning

**Discernment**

- Complicated grief
- Pre-existing mood or anxiety
- Pre-existing personality disorder
- New onset of mental health disorder
MH History - None or unknown

<table>
<thead>
<tr>
<th>Discern</th>
<th>Diagnose and Treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watchful monitoring</td>
<td>Discern</td>
</tr>
</tbody>
</table>

Parent Identity Disruption
Early Pregnancy Loss
75% Experience Loss of Baby

Parent Identity Disruption - Stillbirth

Risk of Prolonged Distress
- No known cause of pregnancy loss or stillbirth
- Poor patient care
- Unresolved meaning making
- Unresolved parent identity transition
- History of mood or anxiety disorder
- History of thought disorder

Signs of pathology
- Complicated attachment (nucleus accumbens)
- Social isolation
- Emotionally labile
- Unrelenting blame and self-blame
- Intrusive thoughts which are not ego-dystonic

Treatment Options
- IPT and CBT
- Adjust sleep
- Bright light therapy
- Aerobic exercise
- Psychotropic medication
- ECT - Electroconvulsive therapy
- Complementary medicine
Patterns of Difficult People (personality disorders)
- Know-it-all
- Blamer
- Dictator
- Clam
- Boxer
- Competitor for best or worst award

Patient Whisperer

“Has the ability to relate to patients using interpersonal communication skills that include acceptance, honesty and integrity”
Nicoen 2010

Patient Whisperer Skills
- Anticipation
- Dance of leading and pacing
- Self-regulation of emotion
- Defusing patient reactivity
- De-escalation and collaboration

Reflective Review
The first step in resolving a difficult situation is an internal cognitive and affective review in which the clinician recognizes the tension, controls his or her own affective response, assesses the source and nature of the difficulty, and commits to working on the relationship.

Interventions
- Acknowledge the difficulty
- Discover (and validate) the meaning to the patient
- Blameless apology
- Jointly establish ground rules
- Extend the system of care

System Change
- Practitioners inform researchers
- Dissemination of innovation
- Routine screening
- Early intervention
- Proven treatment efficacy
For in grief nothing “stays put.”
One keeps on emerging from a phase,
but it always recurs. Round and round.
Everything repeats. Am I going in circles,
or dare I hope I am on a spiral?

– C.S. Lewis, A Grief Observed