

# Using IPT with Perinatal clients and their infants .



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HEALTHY MINDS   
Got something on your mind?

## Aims for Today

- To consider how to use the IPT model to sensitively support the needs of depressed perinatal clients
- To consider the importance of keeping the baby in mind when working with perinatal clients
- To consider ways to support the development of the parent -infant relationship when using IPT with perinatal clients.

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## Self Care



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## Best Treatment for Post Natal Depression

- For moderate to severe Post Natal Depression (PND) NICE 2014 recommend high intensity psychological therapy and for some women antidepressant medication.
- IPT has a sound evidence base for treating women with PND

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## Post Natal Depression

- <https://youtu.be/rFxqiRS2YsU>

“I feel like I’m in a bubble away from people”

“My whole body is tired”

“ I feel numb and empty”

“ I can’t be bothered with anything”

“I feel like a storm is happening inside my head”

“ I can see peoples mouths move when they are talking  
but I don’t hear them – it’s like everything is in slow motion”

“I’m not good enough I cant do anything right”

“I just want to go away”

“Everyone would be better off without



## Tronnicks Still Face

- <https://youtu.be/apzXGEbZhto?t=25>

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“What’s happening”

“Where are you?”

“I am alone”



“I am lost”

“ I am falling forever”

“I have disappeared”

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## 2009 IAPT Perinatal Positive Practice Guidance



“Maternal perinatal mental health is closely linked to that of the infant.”  
(2009 IAPT)

“This is a time for preventive perinatal interventions in order to promote strong attachment and positive parenting, thereby reducing mental health problems later for both mother and child” (2009 IAPT)

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## NICE and 1001 Critical Days Report

“Some women with a mental health problems may experience difficulties in the mother-baby relationship... Consider further intervention to improve the mother-baby relationship.” (NICE 2014)

“The earliest experiences shape a baby's brain development , and have a lifelong impact on that baby's mental and emotional health.” ( The 1001 Critical Days – A Cross Party Manifesto 2013)

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## Keeping the baby in mind -What does this mean ?



Keeping the baby in mind can mean being curious about the baby's experience of the story being told to us by our adult clients...

....stopping and looking at the baby as an intentional , social and feeling being and seeing the story though the babies eyes.

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## Why do we need to keep the baby in mind?



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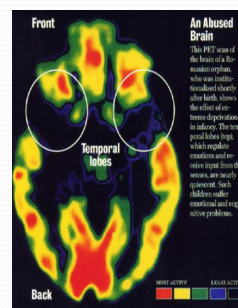
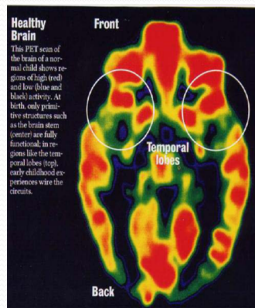
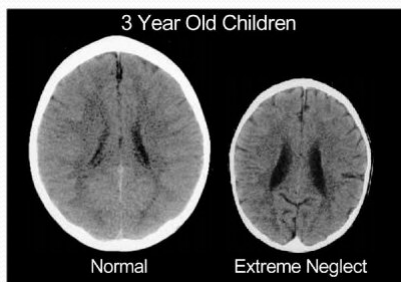
## Born Ready to Serve and Return



- Freya – Born 2014 at 28 weeks weighing just 1.7kg. This photo was taken by her mum in NICU 5 days after she was born. Ref- The Independent 21<sup>st</sup> Oct 2016
- <https://youtu.be/ersyQKAIMPI>

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## Interruption in the Serve Return



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## Interpersonal Neurobiology

During the early months of life, a baby's brain forms neural connections which are experience dependent and have a lifelong influence on:

- stress vulnerability
- emotional regulation
- social communication
- self-monitoring, impulse control
- planning, organisation and problem solving



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## Adverse Childhood Experiences

- <http://developingchild.harvard.edu/about/what-we-do/global-work/saving-brains/>
- North West England ACE study showed similar results (Ref- Public Health England's 2017 North West Adverse Childhood Experiences Conference)

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## Remove the stigma and blame

- We regularly talk with our clients about their relationships - We highlight the impact depression can have upon communication within relationships
- We encourage the removal of self blame and encourage empowerment through considering with our clients ways to protect their relationships from the symptoms of depression.
- We work within the clients relationships to address their depression
- Without blame or judgement we can consider that the symptoms of Depression can impact upon the parent infant relationship.
- We can be curious about the parent infant relationship and work within this relationship
- We can help parents see Symptoms not Shame

## Why are parents more at risk of depression during the transition to parenthood

Difficulty adjusting to the Role changes especially if a complicated role change e.g. unrealised hopes, unwanted or unexpected pregnancy, unwell child..



Shifting dynamics and expectations leading to conflict with partners, friends and family

Difficulties /Stigma accessing support

Loss around the time of the transition or reactivation of past grief

Ghosts in the nursery (Selma Fraiberg)

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## IPT can help address Parental Depression

- Support parents to mourn their old life and develop resources and support needed for the new role
- Explore themes of conflict , mismatched expectations and promote more effective communication
- Explore the parents network and promote social support – if needed, explore sensitivity patterns that are inhibiting this.
- Address the parents grief

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## Transition

- How did the change come about – Planned/ Wanted?
- How did the change occur ? Experiences of pregnancy and delivery?
- Unexpected change e.g. an unwell child or child with additional needs
- Changes in role from child of a parent to parent of a child (Possible Ghosts in the Nursery)
- Change in dynamics with others e.g. partner to co-parent
- Change in roles e.g. from employee to maternity/paternity leave / to employee and mum/dad
- Change in body image
- Change in finances and opportunities/ priorities
- Change in access to usual antidepressant activity/ coping mechanisms/ support network
- Expectations Versus reality –
- Possible unexpected Feelings of ambivalence in the parent infant relationship

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## Conflict

- Differences in expectations
  - Renegotiation of roles
  - Reviewing expectations and re negotiating boundaries with others
  - Increased stress for both partners and on the relationship
  - Possible Heightened / Emergence of Domestic Violence
- Over a third of domestic violence starts or gets worse when a woman is pregnant  
 -One midwife in five knows that at least one of her expectant mothers is a victim of domestic violence  
 -A further one in five midwives sees at least one woman a week who she suspects is a victim of domestic violence” Refuge website 2017
- How may the infant be experiencing this?

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## Grief

- Recent loss of a parent / Significant caregiver
- Past loss of a parent / Significant care giver
  
- Recent or past loss of a child within the extended family
  
- Recent or past perinatal loss or loss of a child
  
- How may this impact upon welcoming the infant and being emotionally available to sensitively engage in serve/return ?

## Sensitivities

- Possible isolation and limited / absence of support
  
- Possible patterns which hamper access to support
  
- “The smiling depression”
  
- Parental insecure attachment style - risk of transmission to the infant

## Using Attachment Theory to address the parents depression

- Understanding the parents early relationships and attachment style
- Identifying possible ghosts in the nursery
- Supporting the parent to separate their own past experience of parent infant relationship from their new parent infant relationship.



## Using IPT and Attachment theory to help the Parent's and the Infant's mental health Case Examples



## Nurture Well Group



To nurture Mum's wellbeing and to help Mum to nurture well:

- To promote Mum's recovery from depression.
- To promote Mums healthy mind and baby's growing mind.
- To promote a "good enough" attachment and positive relationship between Mum and baby.

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## Content of the Group

- Psycho education about Depression
- Strategies to manage Symptoms and Big Feelings
- Support for Mums to understand the links between their Symptoms and their Interpersonal World.
- Interpersonal Themes of – Change, Conflict, Support V isolation and Loss and Grief.
- Support for Mums to develop Maternal Sensitivity and Reflective Parenting.
- Exploration and enhancement of Support Network available to Mums

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## Sample Group Session Plan



- 1:1 Screening session
- Session 1- Introductions, ground rules, hopes and fears..  
Psycho education about Post Natal Depression, promote active role within recovery, remove self blame and instil hope of recovery.
- Session 2- Introducing interpersonal links - consider focal area themes and the story of depression – encourage self compassion
- Session 3- Changes for mum
- Session 4 –Changes for baby, introducing a reflective parenting stance
- Session 5- The role of others in recovery , a review of Support networks

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- Session 6 -Managing Big feelings
- Session 7- Communicating with and getting to know Baby
- Session 8- What can get in the way of communicating with others including baby e.g. symptoms, issues of loss, past experiences, big feelings...
- Session 9 – Understanding Conflict
- Session 10-Effective Communication with others  
(Acknowledge the approach of the group ending –Model expression of feelings and normalise)
- Session 11- Assertion and Rights (Further explore feelings re ending.)
- Session 12 – Relapse Prevention Plans and Saying Goodbye
- Post Group 1:1 review Session

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## Structure of the Group



- Each session is 90 minutes long.
- The group begins with an initial 30 minute settling in and checking in. Mums complete the MDS and have space to talk about their weeks, reflect on how their symptoms have been and how their symptoms link to what's been going on.
- The group keeps baby in mind throughout- if a baby is struggling, the group will stop to be curious with mum about what baby may be trying to communicate and what baby may need and will support both mum and baby.
- No homework but handouts
- The group meets at a local Children's centre

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## Who are the Group Members?

- Mums and their new baby (under one year old)
- Maximum of 8 mums invited, average group membership 4 mums and 4 babies
- Mums usually referred to Healthy Minds by Self, GP, Health visitor, or Clinicians within Healthy Minds
- Mums presenting with depression
- The group is a Closed group with 2 facilitators (IPT Therapist and Perinatal Mental Health Nurse)

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## Models and Approaches Used

- Interpersonal Therapy (IPT) and Attachment Theory  
( Ideas incorporated from Watch Wait Wonder, Solihull Model and Parent Infant Psychotherapy)
- IPT has a good evidence base for treating Perinatal Depression  
(Stuart, O'Hara, Ravitz, Clark, Reay, Pearlstein, Grote, Sheree, Field, Beeber, Schwarz, Brandon et al...)
- There is a growing evidence base for the use of IPT in conjunction with a focus on the parent infant relationship  
( Clark et al 2003, Forman 2007, Beeber et al 2004, 2013, Reay et al 2015)

## Measures used



- PHQ-9 GAD-7 and WASAS: at every session.
- PSI – Parental Stress Index (Short form): First and last session.
- MORS – Mothers Object Relations Scale :First and last session.
- PIR-GAS – Parent Infant Relationship Global Assessment Scale : First and last session.

## Case Example



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## Questions and Reflections



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## Acknowledgement

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### **Supporting literature for the importance of keeping the baby in mind**

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