OVERVIEW:
Common personality, mental & relational disorders

PERSONALITY UNDER STRESS

PERSONALITY QUIRKS

PERSONALITY DISORDERS

BEHAVIORAL CONTINUUM

Depression
- Baby Blues
- Postpartum Depression
- Postpartum Psychosis

Bi-polar disorder
- Manic
- Depressive
- Hormonal fluctuations
- Medication issues

Situational:
- Marital/Partner difficulties
- Breastfeeding Problems
- Extended family problems
- Poverty
- History of infertility
- Drugs
- Domestic Violence
- Pain

Adapted from LC Series, Kathleen Kendall-Tackett, Ph.D., IBCLC
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Depression
- Onset: 3 – 5 Days Postpartum
- Duration: A few days
- Incidence: 30 – 80%
- Symptoms: Weepy, mood lability

Postpartum Blues
- Onset: During first year
- Duration: 2+ weeks
- Incidence: 10 – 40%
- Symptoms: Despair, suicidal, sleep disturbance

Postpartum Depression
- Onset: Typically 2-4 weeks postpartum
- Duration: Depends on treatment
- Incidence: 1 – 2/1000
- Symptoms: Hallucinations, Delusions

Postpartum Psychosis
- Onset: During first year
- Duration: Depends on treatment
- Incidence: 1 – 2/1000
- Symptoms: Hallucinations, Delusions

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Counseling the High Needs Mother

History of unresolved trauma
- Sexual abuse
  - Mother may be conflicted about decision to breastfeed
  - Uncomfortable with physical help
  - May experience phantom pain
  - PTSD may trigger
- Pregnancy loss
- Child loss

The Dyad
During the immediate and later postpartum period one must always view the “patient” as the mother and her baby. While it may be typical to separate the two, the research doesn’t support such an approach. Generally speaking, no matter the difficulty they both do better in each other’s presence.
Biology, psychology and good medicine dictate that mothers and babies should be together, in symbiosis.

Borderline Personality Disorder
- Often very intelligent
- Pattern of instability in personal relationships
- Fears abandonment, frantically works to avoid it
- Chronic feelings of emptiness
- Substance abuse not uncommon
- Often engages in self-mutilation

Splitting - first you’re wonderful, then you’re the villain
Projection - emotion attributed to the other person that really reflect mother’s own emotions
Behavior may be manipulative, though not intentionally
Anger - sudden, inappropriate, intense; may act in or out
May dissociate - she looks like she is listening, but she is somewhere else. May be very hard to pick up on.

Histrionic Personality Disorder
- The center of attention
- May come across as “phony”
- Great emphasis on appearance
- The drama queen - theatrical, exaggerations
- Considers relationships to be more intimate than they really are
- May come up with a crisis du jour to maintain relationship

Narcissist
- Exaggerated sense of importance
- Requires excessive attention
- Sense of entitlement
- May exploit and feel little empathy
- Can be arrogant and disrespectful
- The narcissist can be demeaning of health professionals because it detracts from his sense of mastery and omniscience

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Dependent personality disorder
- Anxiety disorder causes no tolerance for uncertainty; wants rules for everything
- Needs to be taken care of; has difficulty being alone
- Cannot make decisions without huge amounts of advice
- Will go to great lengths to win support
- Appears cooperative-
  *May report false progress to please*

Obsessive-Compulsive (OCD)
- Obsessed with details, rules, order, control, structure; may fixate on one aspect of care
- Has difficulty delegating

Identifying her
*Instinctual knowledge- clinician’s reactions*

Inconsistent client reports

Affect- *degree of expression*
- Appropriateness to the situation
- Stability of emotions
- Depression

*Counseling Concerns*

Emotional Support
- behave consistently & compassionately

Active listening & empathy
- Mothers cannot receive information until they feel heard
- Can help identify issues and help mother feel cared about

Help mother to correctly interpret the issues

Watch mother-baby interactions
- Cues and misinterpretations

*Faulty Presuppositions*
- Mother will get more rest without baby
- Mother will appreciate the break
- The baby can be cared for just as well by others
- Breastfeeding isn’t important

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Weaning does not fix depression!

Removes stress-reducing lactation hormones

“Women with high levels of anxiety and depression during pregnancy who stop breastfeeding early are at an additional multiplicative risk for postpartum anxiety and depression.”

In an article describing her own painful “daily war” during post partum depression, therapist Diana Lynn-Barnes references her own forced weaning,

“The tremendous hormonal shifts associated with weaning as well as the return of the menses can predispose women to a variety of postpartum reactions.”

Bottle-feeding is not the answer

Undermines maternal self-confidence

Interferes with bonding

Becomes another loss


Breastfeeding is important... save a baby!

Supportive Strategies

Breastfeeding is important, so is mom!

How to get more sleep

How to exercise for mood

Enlist help from family and friends

Relaxation techniques...

good for milk, good for mood

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### Developing a plan of care: be realistic
Idealization from borderline or dependent clients may tempt you to promise the moon or make heroic efforts on client’s behalf.
Failure to keep unrealistic promises may trigger borderline rage.
Re-negotiating care plan

- **Know Your Role**
  - Know your limitations; you can’t be her counselor
  - Maintain your personal boundaries
  - How often are you willing to have contact?
  - How long each time?
  - Be proactive rather than reactive
  - Communicate w/ other health care givers to stay on the same page

### Helping a mother make her decision
How far do we push?
- Listen to your gut
- Be honest about the prognosis

**Options available**
- Referral to other professionals
- Throw in the towel

### How to know when you’re in over your head
Impasses - mother not responsive to suggestions
Lack of knowledge/expertise - you don’t have a thorough grounding on the issues
No improvement - situation is not getting better

### The mother’s feelings
Allow her to vent
Validate her feelings

Are you the end of the line?
- Higher risk clients - those who first line people couldn’t help
- High expectations - you may be her “last hope” before she quits

### Dealing with feelings of failure & guilt
Your feelings:
- “If only I had…….”
- Apologize if needed
- Learn from your mistakes
- It’s not always about you...
- forgive & forget

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Take Care of Yourself

We can’t take sustain our work if we are not diligent about our own needs -Kendall-Tackett

Embrace rejuvenating activities that are fun, stimulating, inspiring, and generate joy- Kendall-Tackett

“...personality disorder patients may not be as effective as other people in obtaining sufficient love, attention, and nurturance in the usual ways; they are more likely to resort to secondary gain.” -Pare

When and how to refer

Optional vs. critical referral
Is mother a danger to self or baby?
Maintaining relationship with mother
Show concern about breastfeeding, baby’s health, mom’s well-being

Releasing client
Document reasons for release in chart
Registered letter with list of other sources

Possible resources
- Community mental health
- Support groups
- Private therapy
- Hospitalization
- Child Protective Services

Know your local laws

Intervention & support agencies vs CPS

Summary

☐ Is it a situational or personality issue?
☐ It isn’t always about you
☐ Compassion will get you a long ways
☐ Keep the mother’s big picture in mind when formulating strategies
☐ Help her build a supportive network & develop coping strategies
☐ Sometimes you just have to let go