

Counseling the High Needs Mother



OVERVIEW:

Common personality, mental & relational disorders

PERSONALITY UNDER STRESS

PERSONALITY
QUIRKS



PERSONALITY
DISORDERS



Depression

- Baby Blues
- Postpartum Depression
- Postpartum Psychosis

<small>Adapted from LC Series, Kathleen Kendall- Tackett, Ph.D., IBCLC Used by permission</small>	Postpartum Blues	Postpartum Depression	Postpartum Psychosis
Onset	3 – 5 Days Postpartum	During first year	Typically 2- 4 weeks postpartum
Duration	A few days Self-correct	2+ weeks	Depends on treatment
Incidence	30 – 80%	10 – 40%	1 – 2/1000
Symptoms	Weepy, mood lability	Despair, suicidal, sleep disturbance	Hallucinations Delusions

Bi-polar disorder

- { Manic
- { Depressive
- Hormonal
fluctuations
- Medication issues

Situational:

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

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.

Borderline...

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

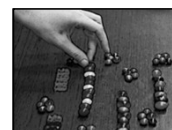
Dependent personality disorder

- 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**

counseling concerns...

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

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."

Ystrom, E. (2012). Breastfeeding cessation and symptoms of anxiety and depression: a longitudinal cohort study. *BMC Pregnancy Childbirth*, 12, 36. doi: 10.1186/1471-2393-12-36



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



Gallup, Gordon G., Nathan Pipitone, R., Carrone, Kelly J., & Leadholm, Kevin L. (2010). Bottle feeding simulates child loss: Postpartum depression and evolutionary medicine. *Medical hypotheses*, 74(1), 174-176.

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 *Stuebe 2012*



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

counseling concerns...

Know Your Role

Know your limitations; you can't be her counselor

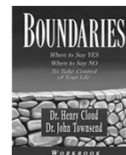
Maintain your personal boundaries

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



counseling concerns...

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*

counseling concerns...

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

counseling concerns...

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

counseling concerns...

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

counseling concerns...

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

counseling concerns...

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

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