Perinatal Mental Health: Trauma Informed Interventions

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The Stresses of Early Childhood: domestic violence, substance abuse, mental health, etc.

The Normal Stress Response: levels of cortisol

Changes in Behavior and Functioning after Trauma: isolated traumatic events versus complex trauma

Failures of Protection: parents as a source of trauma. Perceived danger versus real danger
Child’s Trauma-Based Responses

- Experience helplessness in the face of danger
- Traumatic expectations about relationships and about their future wellbeing (Pynoos, 1997)
- Interpret the world based on this traumatic experiences
- Becomes rigidly avoidant of experiences and feelings associated with the trauma
Major Conceptual Frameworks of Perinatal Mental Health

- Psychoanalytic approach
- Attachment theory
- Stress and trauma work
- Developmental Psychopathology

Lieberman & Van Horn, 2008
Vulnerabilities in Infants of Depressed Mothers

- Attachment
- Emotional and Behavioral Functioning and Regulation
- Neuroendocrine and Psychophysiological Functioning
- Cognitive-Intellectual Functioning
Transition to Motherhood
TRANSITION TO MOTHERHOOD: THE DEVELOPMENT OF MATERNAL IDENTITY

- **Fetus**: develops and matures within his mother according to a gradually unfolding plan.

- **Mother**: is affected by experiences of the pregnancy within her body and by her feelings about those experiences.
CONCEPTION

- **Biological Conception**: It is important to explore: the timing, the partner, whether planned or unplanned, whether wanted or unwanted in order to set the stage for acceptance of the pregnancy. This is true for fathers as well as mothers.

- **Psychological Conception**: Although there is the actual conceived baby, there is also a conceived of, imagined or fantasized baby.
Physical Changes

- **First Trimester:** gaining some weight in her abdomen and breasts, morning sickness, and mood changes. She becomes aware that her body is changing and that there is a baby growing inside of her.

- **Second Trimester:** while morning sickness and mood changes usually decrease, her body begins visibly to change in shape.

- **Third Trimester:** quickening, the sensation of fetal movement that appears in the fourth and fifth months, along with ultrasound pictures of the baby, makes the experience of the baby more real.
Redefining Self and Other

- With the birth of the baby, the mother passes into a new and unique psychic organization, the “motherhood constellation” that involves openness for a close connection with unconscious representations and processes, with feelings and experiences that at other moment in life are often ignored (Stern, 1995).
Reprocessing Old Conflicts

- The Life-Growth Theme: Can I maintain the life and growth of the baby?

- The Primary Relatedness Theme: Can I emotionally engage with the baby in an authentic manner, and assure the baby’s psychic development?

- The Supporting Matrix: Can I create and maintain the necessary support system to fulfill these functions?

- The Identity Reorganization Theme: Am I able to transform my self-identity to permit and facilitate these functions?
Development

Mother

Imaginary Baby

Symbolic Baby

Real Baby

Development

Interventions

First Trimester: Explore if Pregnancy was Planned and Wished

Second Trimester: Explore Maternal Attributions

Third Trimester: Prepare to Meet The Real Baby

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Labor and Delivery

- Therapeutic Support during Labor and Delivery
- Constructing a Coherent Narrative
- Postnatal Phase
Mothers

- Worry about bringing the baby successfully to term
- The health of the baby
- Surviving the birth and delivery
- Able to provide milk and nurturance to her infant
- Being a “good enough mother”

Fathers

- How he will be seen in the world
- Whether he has fathered a healthy baby
- Whether he will be able to provide for the mother and the infant
Predictors of Postpartum Depression in Women

- Prenatal depression
- Prenatal anxiety
- Life stress
- Lack of social support
- History of previous depression
- Low socio-economic status
Predictors of Postpartum Depression in Men

- Personal history of depression
- Maternal postpartum
- The state of the marital relationship
Transition to Fatherhood
Intra-psychic, Relational, and Social aspects of Transition to Fatherhood

- Re-elaboration of self-image
- Development of a triadic relationship: Mother-Father-Infant
- Influence of social environment
Prenatal Period

- Fathers express wanting to play an active role in pregnancy: attend medical appointments, participate in childbirth, be part of prenatal classes, etc.

- They report ambivalent feelings during early stages of pregnancy
Paternal Experiences during the First Trimester

- Reflect on the type of parent they want to be. It is a multidimensional role: from being a playmate and couch to provide emotional support.
- Very preoccupied with the fetus and the quality of bonding with the unborn child.
- Lack of support for fathers during this period.
Areas of Difficulty for Men

- Feelings of unreality due to lack of tangible evidence of the existence of the unborn child
- Perceived disequilibrium in the relationship with their partner due to different needs
- Formation of a parental identity which requires a core identity shift from the role of a partner to the role of a parent
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Ways to Support Fathers in the First Trimester

- Being present in the ultrasound scans of the baby
- Viewing fetal movement and encourage him to reflect on his experience
- Fatherhood discussion groups
Father’s Experience during Labor and Delivery

- Feels helpless, useless, and anxious
- Feels out of place
- Overwhelmed with the experience
- Uncertain about how to support her partner
- Fathers who expressed high levels of fulfillment and delight with their experience of the delivery process subsequently reported few depressive symptoms.

- Fathers with a vaginally born infant described their infants with more positive attributes than fathers whose babies had been delivered by cesarean-section.
Fathers’ Experiences during the Postnatal Period

- Ambivalence between their former lives and the current life situation
- Not having enough time to establish an intimate contact with their babies
- Deterioration of lifestyle and sexual relationship with his partner
- Restricted sense of freedom: not enough time to enjoy other activities