



- Yale Brown Obsessive-Compulsive Scale and Checklist: <https://psychology-tools.com/yale-brown-obsessive-compulsive-scale/>

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Limited research exists regarding interventions specific to postpartum anxiety, but general anxiety research can inform counseling interventions for those struggling with PPA. Researchers have suggested that postpartum OCD should be treated as it would in anyone else who has OCD (Brandes et al., 2004). The majority of research suggests that some combination of cognitive behavioral therapy and psychoeducational approaches are the most effective in counseling those who have PPA (Aston, 2002; Austin et al., 2008; Cheng, Fowles, & Walker, 2006; Thomas, Komiti, & Judd, 2014).

Cognitive Behavioral Therapy (CBT)

CBT is widely used as a treatment approach for anxiety in general, but limited research is available regarding the use of CBT in relation to PPA. CBT has, however, been found to help lower the anxiety levels of pregnant women (Austin et al., 2008). Given the widespread effectiveness of CBT for treating anxiety in general and its effectiveness with pregnant women, counselors might consider using interventions grounded in CBT with new parents. For example, the use of self-monitoring or worry tracking might help new mothers become more aware of the frequency and types of thoughts they have, and then interventions could be implemented to challenge these distorted thoughts. CBT techniques involve teaching and practicing relaxation, and researchers have found relaxation techniques effective in reducing anxiety during pregnancy (Teixeira, Martin, Prendiville, & Glover, 2005).

Counseling

A psychoeducational group approach can help provide clients with information, which can normalize their experiences and help them understand what to expect with regard to their own transitions (e.g., physical, sexual, relationships) as well as what to expect in terms of their infants' development. Ideally, groups should be structured to allow opportunities to inform and challenge the participants while also facilitating opportunities for discussion of personal experiences (Aston, 2002).

Group counseling might also serve to prevent PPA in at-risk populations. One group of researchers targeted pregnant women who had a past history or current diagnosis of depression or anxiety. Their intervention consisted of a combination of psychoeducation, interpersonal therapy, and CBT and addressed content related to the parent-infant relationship. From pre- to post-group, participants experienced significant reductions in anxiety (Thomas et al., 2014).

Childbirth Education and CBT

CBT implemented in conjunction with childbirth education classes can be effective in decreasing obsessive thoughts post-partum (Timpano, Abramowitz, Mahaffey, Mitchell, & Schmidt, 2011). Timpano et al. (2011) constructed an intervention that focused specifically on psychoeducation about postpartum anxiety and cognitive restructuring and included techniques for modifying faulty thinking. Emphasis was also placed on the importance of controlling intrusive thoughts about the child.

Preventative approaches that are not empirically based, but are grounded in research and theory, also could help to decrease the potential for postpartum anxiety (Cheng et al., 2006). First, informational materials could be developed and provided to new mothers as early as possible, with content addressing common physical and

Resources:

For Counselors

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