A Trauma Informed Understanding of Postpartum Psychosis Understanding the connections between childhood experience and psychotic illness during the reproductive years.

Early Experiences

- Inform later development
- Alter one's world view
- Affect resilience
- ${\boldsymbol{\cdot}}$ Influences brain development and brain chemistry
- Creates a framework for other intimate attachments across the lifespan

SECURE ATTACHMENTS

Proximity maintenance

Separation distress

Safe haven

Secure base

Intimate emotional bonds between individuals serve a biological function

- The way a child is treated influences development and personality functioning
- Part of an organizational system that guides expectations and the planning of behaviors
- Attachment behavior is resistant to change

Working models of attachment

Child's image of self AND

Child's image of other

INFLUENCES

Emotional regulation, expectations, defensive methods and coping

strategies

Affective Competence

Secure attachment

Feel and dealing while relating

Ambivalent attachment

Feel but not dealing

Avoidant attachment

Dealing but not feeling

Disorganized attachment

Not feeling and not dealing

Four category system of adult attachment

□Organized along two dimensions

□Concept of self and concept of others

□Positive v negative evaluation of self

Secure - positive view of self and others

Preoccupied - negative view of self and positive view of others
Dismissing - positive view of self and negative view of others

Fearful -negative view of self and negative view of others

Bartholomew, K. & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four-catego model. Journal of Personality and Social Psychology, 61(2), 226-244.

Parental experience that creates potential for disorganized attachment

- □ Unresolved trauma
- □ Traumatic memories intrude
- □ Experiences of past abuse

OR

- $\hfill \Box$ Experiences of loss through death of significant others
- □ Frightening/frightened parental behavior

Childhood Trauma, Attachment Disruptions and Personality Disorders

- $\hfill \square$ Each personality disorder has a characteristic interpersonal style
- Personality disorders reflect internal working models of attachment
- □ Working models are rigid and inflexible
- Causes significant distress in social, occupational and relational functioning
- Individuals with personality disorders insecure or unresolved attachment patterns

WHAT IS TRAUMA A psychologically distressing event that is outside the range of usual human experience • HELPLESSNESS ABSENCE OF SAFETY

"Trauma is NOT a disorder"

• FEAR • TERROR

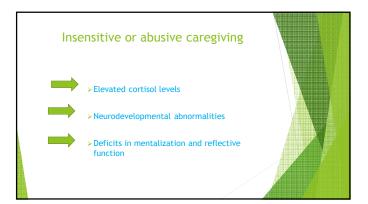
"it is a human experience that is rooted in survival instincts".

Levine, P.A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. Berkeley, CA: North Atlantic Books.

Traumatic Information is Stored

- ► Cortex Cognitive Memory
- ► Limbic Emotional Memory
- ► Midbrain/cerebellum Vestibular memory
- ► Brainstem State Memory

Attachment trauma can lead to Affective dysregulation Aggression & impulsivity Unstable relationships Psychotic symptoms



Neurobiology of attachment Relational trauma leads to insecure attachment Affects brain development (right hemisphere) Alters the limbic system Long term impact on the ability to manage stressful emotional experiences Vulnerability to PTSD and relational violence

Neurobiology of Trauma

- 1. HPA Axis Over-reactivity and dysregulation
- 2. Elevations in cortisol preceding psychosis onset
- 3. Reduced gray matter in the frontal lobes
- 4. Changes in the Hippocampus

Read, Bentall & Fosse (2009); Holmes & Wellman (2009); Heckers (2001

Differential responses to threat

DISSOCIATION

detached numb compliant suspension in time de-realization mini-psychoses

HYPERAROUSAL

hypervigilance anxious reactive alarm response freeze

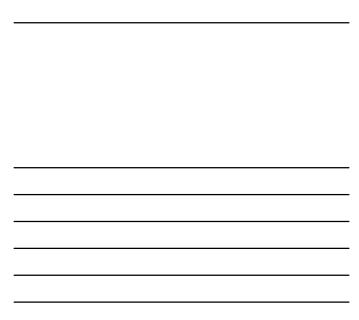
flight

Perry, B. (2003). Effects of traumatic events of children. Child Trauma Academy. www.childtrauma.or

Adaptive responses to threat

- · Changes in cognition
- Changes in affect
- · Changes in behavior
- Changes in neurophysiology
- · Changes in physiology

Perry, B. (2003). The effects of traumatic events on children. Child Trauma Academy. www.childtrauma.org



Impact of trauma on children 1. impulsive 2. hypervigilant 3. withdrawn or depressed 4. sleep difficulties 5. slower rate of acquiring developmental tasks 6. regressed behavior 7. hyperactivity 8. delinquency

Consequences of childhood abuse in adulthood cigarette smoking promiscuity obesity heart disease depression cancer suicide stroke substance abuse liver disease STD's diabetes

Chapman, D.P., Whitfield, C.L., Felitti, V.J. et al (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*. 82: 217-225.

Adverse Childhood Experiences Study • Adverse Childhood Experiences • Disrupted neurodevelopment • Social-emotional and cognitive impairment • Adoption of health risk behaviors • Disease, disturbances and social problems • Early death Anda, R.F., Fellm, Y.J., Bremer, D.J. (2006). The enduring effects of abase and related adverse experiences in childhood. European Archives of Psychiatry and Clinical Neuroscience, 254(4), 259-283.

connections between trauma and psychosis The traumagenic neurodevelopmental model of psychosis

Risk Factors for Psychosis when there has been childhood adversity

- Maternal physical and mental health during pregnancy
 Being the product of an unwanted pregnancy,
 Early loss of parents via death or abandonment

- Separation of parents
- Witnessing domestic violence
- □ War trauma
- Rape or physical assaults
- □ Heavy marijuana use in adolescence

Poverty

Moskowitz, A., Shafer, I., Dorahy, M. (Eds). (2008). Psycpsychopathology. Chichester, U.K.: Wiley-Blackwell.

Posttraumatic Stress Disorder

Loss of stimulus discrimination Inhibits effectiveness of the stress response Results in desensitization (numbing) Physical problems Autoimmune diseases in women with hx of sexual abuse

Posttraumatic Stress Disorder 1. Exposure to a traumatizing event 2. Symptoms of intrusion 3. Persistent avoidance of stimuli associated with the traumatic event 4. Negative alterations in cognitions and mood associated with the traumatic event 5. Marked alterations in arousal and reactivity associated with the traumatic event 6. Specify, with dissociative symptoms Diagnostic and statistical manual of mental disorders. (5th Washington D. C.: American Psychiatric Publishing.

Impact of trauma on maternal mental health -> dissociation -> PTSD -> freeze response -> psychosis

dissociation An experience where a person may feel disconnected from herself and/or her surroundings. Dissociation may range from temporarily losing touch with things that are going on around you to having no memories for a prolonged period of time.

Dissociation An Atypical Psychotic Phenomenon depersonalization • pronounced sense of detachment feeling robotic • may result in mood shifts, difficulty thinking and loss of sensation derealization

A sense that events around the individual are unreal or

freeze response part of the fight or flight mechanism response to stress activated when there is no hope and in the face of extreme terror

Postpartum Psychosis 1. manic episode 7. hallucinations/delusions 2. cognitive clouding 8. mixed affective states 3. Insomnia 9. waxing and waning 4. confusion 5. depersonalization 6. thought disorder Blistain, J.L.C., Meyer, D., Blisti, A.E. Blodar affective disorder in the postnatal period: Investigating the role of sleep (2010). Bipolar Placed Placed 12: 548-578.

What is a delusion? A delusion is a fixed and rigid belief that cannot be changed or willed away despite any evidence to the contrary. A delusion can be bizarre or non-bizarre

risks associated with postpartum psychosis

- □ Infanticide 4%
- □ Suicide 5%
- Personal/family hx of bipolar disorder, schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features
- □ Infants are more vulnerable to abuse and neglect

Phillip Resnick - Five categories of filicide based on motive

- 1. Altruistic filicide
- 2. Unwanted child
- 3. Accidental filicide
- 4. Spousal revenge
- 5. Acutely psychotic

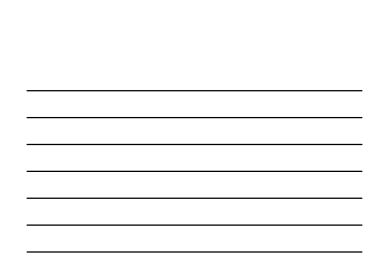
Michelle Oberman

Neonaticide

Infanticide

addiction-related chronic mental illness

postpartum psychosis affective disorder with postpartum onset



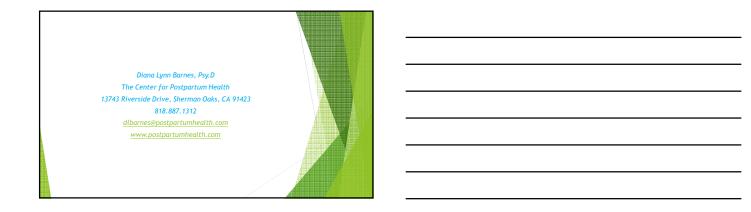
ALTRUISTIC FILICIDE AND POSTTRAUMATIC DISORDER What does it mean to feel safe? What do you do when you don't feel safe?

Reducing Stigma

- Mothers with postpartum psychosis are **NOT** bad mothers they are ill
- If you have postpartum psychosis, that does NOT automatically mean you will kill your child
- Postpartum psychosis is **NOT** severe postpartum depression
- □ If you have postpartum psychosis, that does **NOT** mean you always hear voices telling you to hurt your child
- A woman with postpartum psychosis is NOT a danger to the society at large
- □ Once psychotic does **NOT** mean always psychotic
- ☐ Just because a woman doesn't look psychotic, does NOT mean she is NOT psychotic

Protective factors that contribute to positive outcomes for children

- □ Sensitive and attuned parenting
- □ Parental resiliency that fosters an attitude of hope and belief in oneself to change the circumstances of one's life
- Ability to access basic services in times of need
- Social connectedness



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