# Beyond Baby Blues: An In-Depth Look at Reproductive Mental Health

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# Accuracy, Utility, and Risks Statement

There is minimal risk to attending this CE event, however participants may experience some discomfort during the discussion of reproductive losses, suicidality, and issues that arise when individuals experience anxiety/mood disorders during perinatal and postpartum time periods. Participants are encouraged to seek appropriate consultation and supervision when utilizing new interventions. Clinicians are responsible for practicing within the bounds of their own clinical competence and following ethical and legal guidelines for the state(s) in which they practice.

# Program Notices

Conflicts of Interest:

Dr. Sheila Crowell is a co-owner of UCEBT and may benefit from any referrals to this practice.

Commercial Support:

None.

# AI Use Disclosure

AI was used to generate the title of this presentation. All other content was created by humans.

# Agenda

- Biological and social changes in the reproductive lifespan
- Perinatal mood and anxiety disorders
- Perinatal OCD
- Reproductive trauma, grief, and post-traumatic growth
- Rumination during the perinatal period
- Perinatal suicidality

# Biological and Social Changes in the Reproductive Lifespan

- Definitions and Important Notes
- Biological Changes and Physical Considerations
- Social Changes and Transitions

# Definitions and Important Notes

- Key definitions
  - Use of women and mother as labels
  - Perinatal: "Occurring in, concerned with, or being in the period around the time of birth"
  - Postpartum: “Occurring in or being the period following childbirth”
- Research limitations
  - Limited cultural representation
  - Reliance on self-report and retrospective data
  - Evolving criteria

Blount et al, 2021; Hill et al, 2025

# Biological Changes and Physical Considerations

- Menstruation and hormone fluctuations
  - Average age of menarche: 12 with range from 9-15 years old
  - Average age of menopause: 51 with range from 40s to 50s
- Physical changes during pregnancy
  - Changes to cardiovascular, endocrine, respiratory, hematologic, gastrointestinal, and urinary systems
  - Increased pain tolerance, skin temperature, acid reflux, melasma, insulin sensitivity, and blood sugar levels
- Hormonal changes during pregnancy
  - Increased production of thyroid-stimulating hormone and other thyroid hormones, estrogen, progesterone, and the pituitary gland enlarges ~ 135%
  - Protective aspect of hormonal changes
  - Drop in estrogen and progesterone after birth

Howard & Khallifeh, 2020; Kepley et al, 2023; Mayo Clinic, 2024; Mayo Clinic, 2022; Spano, 2025

# Social Changes and Transitions

- Changes upon onset of menses
  - Shift in identity/independence
  - Increased awareness of body
  - Gender role internalization
- Changes to career when pregnant
  - Career and fertility peak at roughly the same time
  - Prioritization of family vs. career
- Altering of social relationships
  - Changes in friend/family dynamics with pregnancy
  - Menopause can cause reassessment of values or priorities
- Altering of social interactions
  - Product marketing/healthcare/public bathrooms for sexual minority women and non-binary individuals

Clark, 2005; Kendler et al, 2003; Krueger, 1999; Krueger et al, 1998; Vollebergh et al, 2001

# Perinatal Mood and Anxiety Disorders

- Overview of Premenstrual Disorders
- The "Baby Blues"
- Postpartum Depression
- Generalized Anxiety Disorder with Postpartum Onset/Perinatal Anxiety
- Screening, Assessment, and Treatment

# Poll: What premenstrual disorders have you heard of?

A: PMS

B: PMDD

C: PMS and PMDD

D: PMS, PMDD, and PME

E: Never heard of these before

# Premenstrual Disorders – Symptoms

- 25 common symptoms
  - Physical symptoms
    - Abdominal cramps, joint/muscle pain, headaches, fatigue, weight gain, bloating, breast tenderness, acne, gastrointestinal changes, nausea, anemia, muscle tension
  - Emotional symptoms
    - Anxiety, depressed mood, increased crying, mood swings, apathy, irritability, changes in appetite, food cravings, changes in sleep, social withdrawal, poor concentration, changes in libido

Mayo Clinic, 2022; Spano, 2025

# Premenstrual Disorders – Premenstrual Syndrome (PMS)

- Onset most often after ovulation and before menstruation
- Diagnostic criteria for PMS
  - At least 1 physical symptom and 1 psychological symptom in the 5 days prior to menstruation
- Prevalence
  - ~75% with estimates ranging from 30-80%
  - 20% experience more severe symptoms that don't meet criteria for PMDD

Harvard Health Publishing, 2017; Mayo Clinic, 2022; MGH Center for Women's Mental Health (MGH), n.d.; Spano, 2025

# Premenstrual Disorders – Premenstrual Exacerbation Syndrome (PME)

- Exacerbation of pre-existing symptoms but no new symptoms
- Diagnostic criteria
  - Existence of at least 1 affective disorder
  - Worsening of symptoms in premenstrual phase but the symptoms exist throughout entire cycle
- Impact on wide variety of diagnoses

International Association for Premenstrual Disorders (IAPMD), n.d

# Premenstrual Disorders – Premenstrual Dysphoric Disorder PMDD

- Symptom overview
  - Onset after ovulation in the luteal phase, with symptom relief after menstruation
  - More severe anxiety and depressive symptoms
  - Up to 34% of PMDD report past suicide attempts
- Diagnostic criteria
  - At least one or more of: marked lability, marked depressive mood, marked anxiety
  - At least 1 symptom to equal 5 total: anhedonia, reduced concentration, lethargy, appetite change, sleep change, feeling of being out of control, physical symptoms
- Prevalence
  - 3-8% of reproductive-aged individuals
  - Risk factors

Eisenlohr-Moul, 2025; MGH, n.d.; IAPMD, n.d.; Nayman et al 2023; Raffi & Freeman 2017; Spano, 2025;

# Premenstrual Disorders – Premenstrual Dysphoric Disorder

- Important note for hormone therapy
  - Adverse emotional reactions tend to decrease after 1 month
  - No clear evidence of association between PMDD and testosterone therapy
  - Induced PMDD symptoms

IAPMD, n.d.

# Poll: What is one of the most important things to be aware of to help with a differential diagnosis between premenstrual disorders?

A: Frequency of symptoms

B: Age of onset

C: When symptoms happen throughout the cycle

D: None of the above

# Premenstrual Disorders – Differential Diagnosis

- PMS symptoms usually go away once menstruation starts, but PMDD symptoms can take a few days to go away
- PME vs. PMDD – symptoms present throughout but become more severe in premenstrual phase or just occur in premenstrual phase
- PMDD can negatively impact work, relationships, well-being, and daily life

- Track, track, track those symptoms!

IAPMD, n.d.; Raffi & Freeman, 2017; Spano, 2025

# The Baby Blues

- Symptoms
  - Mood fluctuations, irritability, increased emotional lability, anxiety, fatigue, insomnia, restlessness
- Prevalence
  - 50-85% of new birthing individuals
- Baby blues vs. normal adjustment
  - Baby blues:
    - Mood fluctuations, irritability, emotional lability, anxiety, fatigue, insomnia, restlessness, weepiness, poor concentration
  - Normal adjustment:
    - Fatigue, sleep when baby sleeps, anxiety is relieved with support or advice, feelings of overwhelm, ability to experience joy/pleasure, increasing confidence and comfort with caretaking

American Pregnancy Association, 2026; Harvard Health Publishing, n.d; Spano, 2025

# Postpartum Depression

- Symptoms and diagnostic criteria
  - Depressed mood, anxiety, excessive guilt, difficulty connecting with baby and sleeping when baby sleeps, sleep disturbances in general, suicidal ideation in more severe cases
    - 5-14% women with PPD experience thoughts of self-harm
- Prevalence
  - 10-19% women
- Risk factors
  - HPA axis dysregulation, genetic vulnerabilities, depression or anxiety during pregnancy,, stress, poor social support, history of depression, age, hypothyroidism, unwanted/unplanned pregnancy
- Differential diagnosis

Blount et al, 2021; Howard & Khalifeh, 2020; Mayo Clinic, 2022; Spano, 2025

# Perinatal Anxiety/Generalized Anxiety Disorder with Postpartum Onset

- Symptoms and diagnostic criteria
  - Excessive worry that isn't reduced with support, difficulty relax, muscle tension, worries around baby's health, feelings of overwhelm with caring for the baby, insomnia due to anxiety symptoms, depressive symptoms secondary to feeling anxious, and rumination
  - Rumination
    - Constant repetition of negative thoughts or themes that negatively impact mood as well as physical health
    - Attempts to process thought or event, solve a future problem, gain insight into past problem, predict an outcome, worry about future event
- Prevalence
  - GAD with postpartum onset: 4.4 - 10.8%
  - Perinatal anxiety: 8.5 - 10.5%

Araji et al, 2020; Harvard Health Publishing, n.d.; Misri et al, 2015; Scolan (n.d)

# Screening and Assessment

- Screeners
  - Premenstrual Disorders
    - Carolina Premenstrual Assessment Scoring System (C-PASS)
    - Daily Record of Severity of Problems (DRSP)
    - McMaster Premenstrual Mood and Symptom Scale (MAC-PMSS)
    - Premenstrual Symptoms Screening Tool (adolescent and adult versions)
  - Baby Blues and Postpartum Depression
    - Edinburgh Postnatal Depression Scale (EPDS)
    - Postpartum Depression Screening Scale (PDSS)
    - Rosenberg Self-Esteem Scale
  - Perinatal anxiety
    - Perinatal Anxiety Screening Scale (PASS)
- General assessment guidelines

Ajari et al, 2020; Harvard Health Publishing, n.d.; IAPMD, n.d.; MGH, n.d.; Raffi & Freeman, 2017; Scolan, n.d.; Spano, 2025

# Treatment Options

- Pharmacological
  - Premenstrual disorders
    - Antidepressants, anti-anxiety medications, over-the-counter pain relievers, diuretics, and hormonal contraceptives
  - Postpartum depression
    - Anti-depressants (primarily SSRIs)
    - Brexanolone and Zuranolone
- Psychological
  - ACT
  - CBT
  - DBT
  - Psychoeducation
- Behavioral
  - Self-care
  - Vitamins or herbal remedies

Ajari et al, 2020; Blount et al, 2021; Harvard Health Publishing, n.d.; IAPMD, n.d.; Mayo Clinic, 2022; MGH, n.d.; Raffi & Freeman, 2017; Shi & MacBeth, 2017; Spano, 2025

# Perinatal OCD

- DSM 5 diagnostic criteria
- Perinatal OCD symptoms and considerations
- Treatment considerations
- Screening and Assessment

# Obsessive Compulsive Disorder (OCD)

- Obsessions, Compulsions, or both
  - Obsessions are recurrent and persistent thoughts, urges or images
    - Intrusive, unwanted, and typically cause anxiety or distress
    - Attempts to ignore, suppress, or neutralize these thoughts
  - Compulsions are repetitive behaviors or mental actions
    - In response to an obsession and are rigid or rule based
    - Goal of reducing anxiety or distress
    - Not realistic or excessive
- Time consuming or cause clinically significant distress or impairment in important areas of functioning
- Not due to medication, substance, or another illness
- Not better explained by another mental disorder
- 1.2% lifetime prevalence rate in US – similar internationally

American Psychiatric Association, 2022

# Perinatal/Postpartum OCD

- Increased risk of developing OCD symptoms while pregnant or postpartum
  - 2-3% of all parents

- Intrusive thoughts are common for new parents, but postpartum OCD is different
  - 70-100% of new moms have intrusive thoughts about infant harm
  - 50% of all new moms have intrusive thoughts about intentionally harming their infant

- Misidentification of OCD by healthcare professionals is common and can lead to harmful interventions
  - Up to 50% of non-psychiatrist physicians may misidentify OCD, with 80% misidentifying harm obsessions specifically
  - Almost 70% of perinatal health practitioners did not accurately identify obsessions around harming the infant and ~30% misidentified these symptoms as psychotic
  - As many as 58% of perinatal health professionals recommended contraindicated strategies

Fairbrother et al., 2021; Glazier, Sing, & Mcginn, 2015

# Perinatal/Postpartum OCD Themes

- Type/theme of OCD centered around baby

- Obsessions
  - Harm coming to your child, health and safety concerns, getting lost or kidnapped, sexual obsessions, causing harm to your child, etc.

- Compulsions
  - Excessive checking on baby, avoiding being with baby alone, excessive research about fears, repeating prayers or affirmations of care, seeking reassurance, hiding knives or other objects, etc.

Fairbrother et al., 2021; Hudepohl, MacLean, & Osborne, 2022

# Screening and Assessment

- Yale-Brown Obsessive Compulsive Scale (YBOCS)
- Y-BOCS Symptom Checklist
- Obsessive Compulsive Inventory 4 (OCI-4)
- Obsessive Compulsive Inventory 12 (OCI-12)
- Perinatal Anxiety Screening Scale (PASS)
- Patient Health Questionnaire (PHQ-9)

International OCD Foundation, n.d.

# Treatment

- Psychotherapy
  - Exposure and Response Prevention (ERP)
  - Adjunctive or Second-Line  Treatments
    - Acceptance and Commitment Therapy (ACT)
    - Dialectical Behavior Therapy (DBT)

- Medication
  - SSRIs: Paroxetine (Paxil) and Sertraline (Zoloft), Fluoxetine (Prozac), Fluvoxamine (Luvox), and Clomipramine (Anafranil) have US Food and Drug Administration approval for use in OCD

- Support Groups

International OCD Foundation, n.d.

# Case Example

- Lauren, early 30s, white, cisgender female, heterosexual, married, religious
  - One child
  - Hx of OCD and anxiety
  - YBOCS moderate, PCL subthreshold
  - Context of multiple miscarriages and trying for second child
- Symptoms
  - Obsessions: contamination, something bad might happen, health and safety
  - Compulsions: checking, washing, avoiding others, seeking reassurance, research
- Psychotherapy
  - Psychoeducation
  - ACT for treatment engagement, values-based decision making, self-compassion, and acceptance
  - Acceptance and change based cognitive strategies
  - Exposure and Response Prevention (ERP)

# Reproductive Trauma, Grief, and Loss

- DSM 5 diagnostic criteria
- Reproductive trauma
- Reproductive grief and Loss
- Resilience and post-traumatic growth

# Trauma and PTSD

- Exposure to a traumatic event(s) and subsequent experiencing of:
  - Intrusive thoughts or feelings
  - Persistent avoidance of stimuli associated with the event(s)
  - Negative changes in cognitions and mood
  - Changes in arousal and/or activity levels
- Lasting longer than one month
- Causing significant distress and/or impairment in social, occupational, or other areas of functioning
- Not due to medication, substance, or another illness

American Psychiatric Association, 2022

# Reproductive Trauma

Psychological distress following challenges related to reproduction and fertility

- **Infertility**: the inability to conceive and/or give birth after one year of trying (if under 35) or after 6 months (if over 35)
- **Pregnancy Loss:** includes miscarriages, ectopic pregnancies, and other types of loss occurring before the 20th week of gestation
- **Stillbirth**: the loss of a baby after 20 weeks of gestation
- **Birth trauma:** refers to both physical injuries to the infant during delivery and psychological trauma experienced by the mother
- **NICU stays**: can be traumatic to parents due to feelings of helplessness and anxiety, fear for their child's life or health, and medical intervention

CDC, 2022; Covington, 2022; Jaffe, 2017

# Reproductive Trauma Symptoms

| Re-experiencing | Avoidance | Changes in mood/thoughts | Arousal/Reactivity |
|---|---|---|---|
| Flashbacks to negative pregnancy tests | Making or going to doc apts | Distorted feelings of blame or guilt | On edge/ hypervigilant |
| Failed cycles of IUI or IVF | Baby showers, birthdays, holidays, parties | Negative thoughts about self/others | Decreased interest in activities |
| Seeing pregnant people | People with kids | Grief/loss | Sleep problems |

Covington, 2022; Jaffe, 2017

# Grief and Loss

- Grief is our emotional response to loss
- Grief and loss are universal and inevitable parts of life but are experienced differently
- Culture and context dictate how loss is perceived and experienced

- Statistics
  - 10-20% of known pregnancies end in loss
  - 1 in 4 women lose a child during pregnancy or infancy
  - 12-15% of couples struggle with infertility

CDC,2022; March of Dimes, 2023

# Some helpful terms

**Disenfranchised Grief**:

Loss that is not openly acknowledged, socially mourned, or publicly supported

**Secondary Loss:**

Losses that come as the result of a death or event, rather than the death or event itself

**Ambiguous Loss**:

Loss that occurs without a significant likelihood of reaching emotional closure or clear understanding

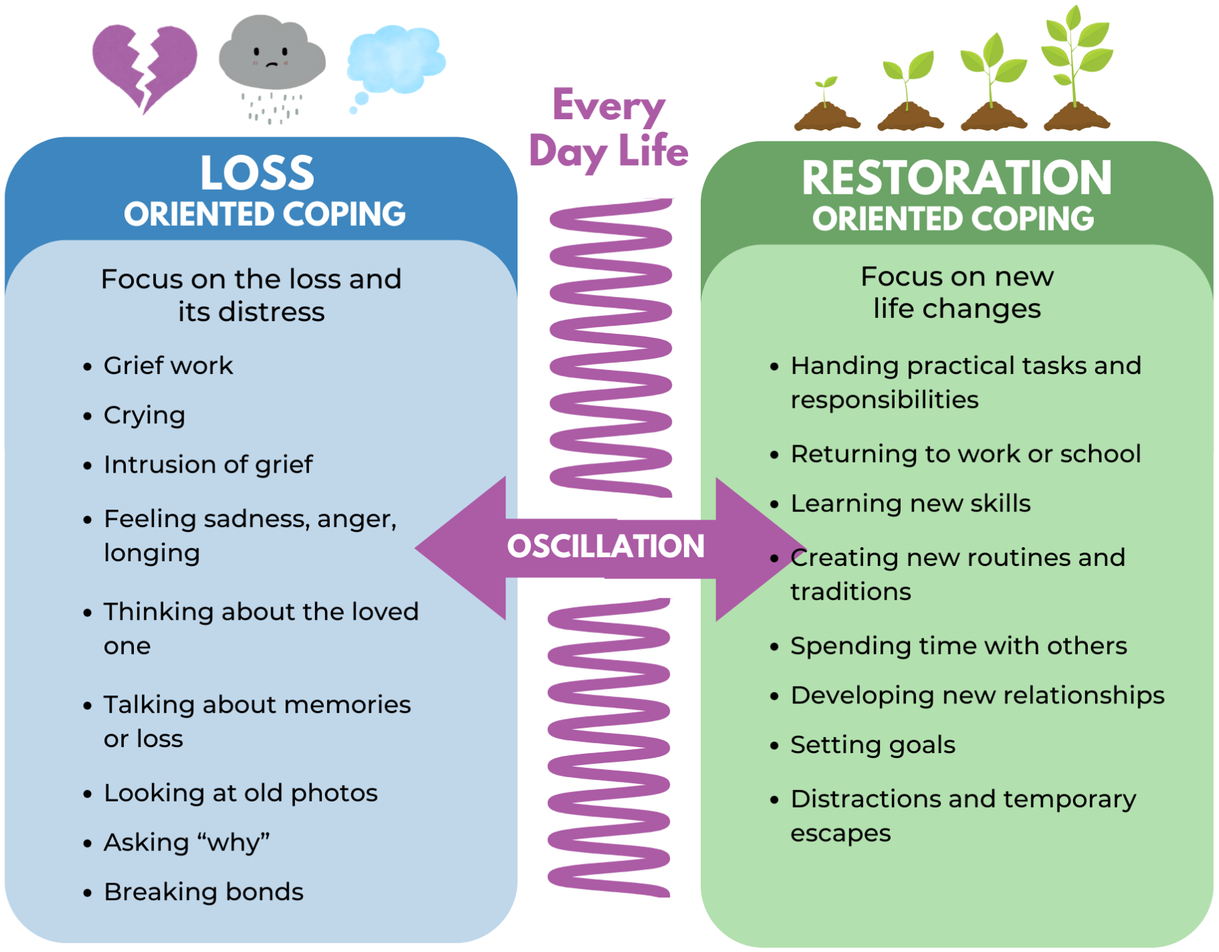
**Complicated or prolonged grief**:

Grief that is intense, lasts well beyond the period of social or cultural norms, and is accompanied by impairments in daily functioning

Doka, 1998; McBain & Reeves, 2019; Zisook & Reynolds, 2017

# Dual Process Model of Grief

Grieving is not linear. It involves oscilating between two types of coping.
Both types of coping are important, healthy, and normal.




Stroebe & Schut, 1999

# Treatment: The Reproductive Story

- The story we tell ourselves throughout our lives about what we think it's going to be like to be a parent someday
- Everyone has one regardless of identity
- Developmental trajectory
- Reproductive trauma, grief, and loss leads to a disconnect between the story we expect to have and the one we actually experience
- Narrative tool
- Helps move through the grief process

Jaffe, 2017

# Exercise: The Reproductive Story w/ Lauren

Self-Reflection

- What is your reproductive story?
- How do your own experiences translate into patient/client care?

Lauren's Reproductive Story

- What are some elements of Lauren's reproductive story?
- What does her family of origin and larger culture say about parenthood?  How did they influence her reproductive journey?
- How is her reproductive story similar to or different from her partner's?

What questions might you ask to encourage exploration of her reproductive narrative?

# Posttraumatic Growth

- Posttraumatic growth definition
- Posttraumatic domains
- Facilitating PTG

# Post-traumatic Growth

- "Positive change experienced as a result of the struggle with a major life crisis or a traumatic event."
- Adversarial growth, transformational coping, stress-related growth etc.
- Clarifications:
  - PTG is different than resilience
  - PTG is a process not an event
  - PTG and suffering are not mutually exclusive
  - PTG is common, but not universal

Tedeschi & Calhoum, 1995

# Post-traumatic Growth and culture

- “Smooth Seas do not make skillful sailors.”
  *- African Proverb*

- “Even his griefs are a joy long after to one that remembers all that he wrought and endured.”
  *- Homer, in The Odyssey*

- “We also rejoice in our sufferings, because we know that suffering produces perseverance and perseverance character.”
  *- Paul, in the Christian New Testament*

- “Hardships often prepare ordinary people for an extraordinary destiny.”
  *- C.S. Lewis*

# Domains of Post-traumatic Growth

- People experience growth in relation to:
  - View of self, relationships with others, and beliefs about the world
- Five domains:
  - Personal strength
  - Relating to others
  - Spiritual change
  - New possibilities
  - Appreciate of life

Tedeschi & Calhoum, 1995

# Key Elements to the PTG Process

- Ruminative thought
  - Intrusive vs. Deliberate

- Cultural considerations
  - Language, perception/interpretation of emotions, ways of coping, how adversity is viewed
  - The role of community

- Beliefs about self, others, and the world

Tedeschi & Calhoum, 1995

# Facilitating Posttraumatic Growth

- Focus on common elements
  - Assessment/evaluation
    - Posttraumatic Growth Inventory (PTGI)
  - Psychoeducation
  - Coping Skills
  - Exposure
    - Trauma narrative
  - Recreating a sense of safety and building hope for the future

Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 1996

# Exercise: Facilitating Posttraumatic Growth with Lauren

- What questions might you ask Lauren to facilitate PTG?
- Domains of PTG
  - Personal strength
  - Relating to others
  - Spiritual change
  - New possibilities
  - Appreciate of life

# Section 3: Perinatal Rumination and Suicidality

- Brief intro
- Understanding perinatal rumination and suicidality
- Rumination-focused CBT in pregnancy and postpartum
- When to consider dialectical behavior therapy

# Understanding Perinatal Rumination

RUMINATION

Poll: What are some common words you/your clients have used to describe their rumination

# Understanding Perinatal Rumination

**RUMINATION:**

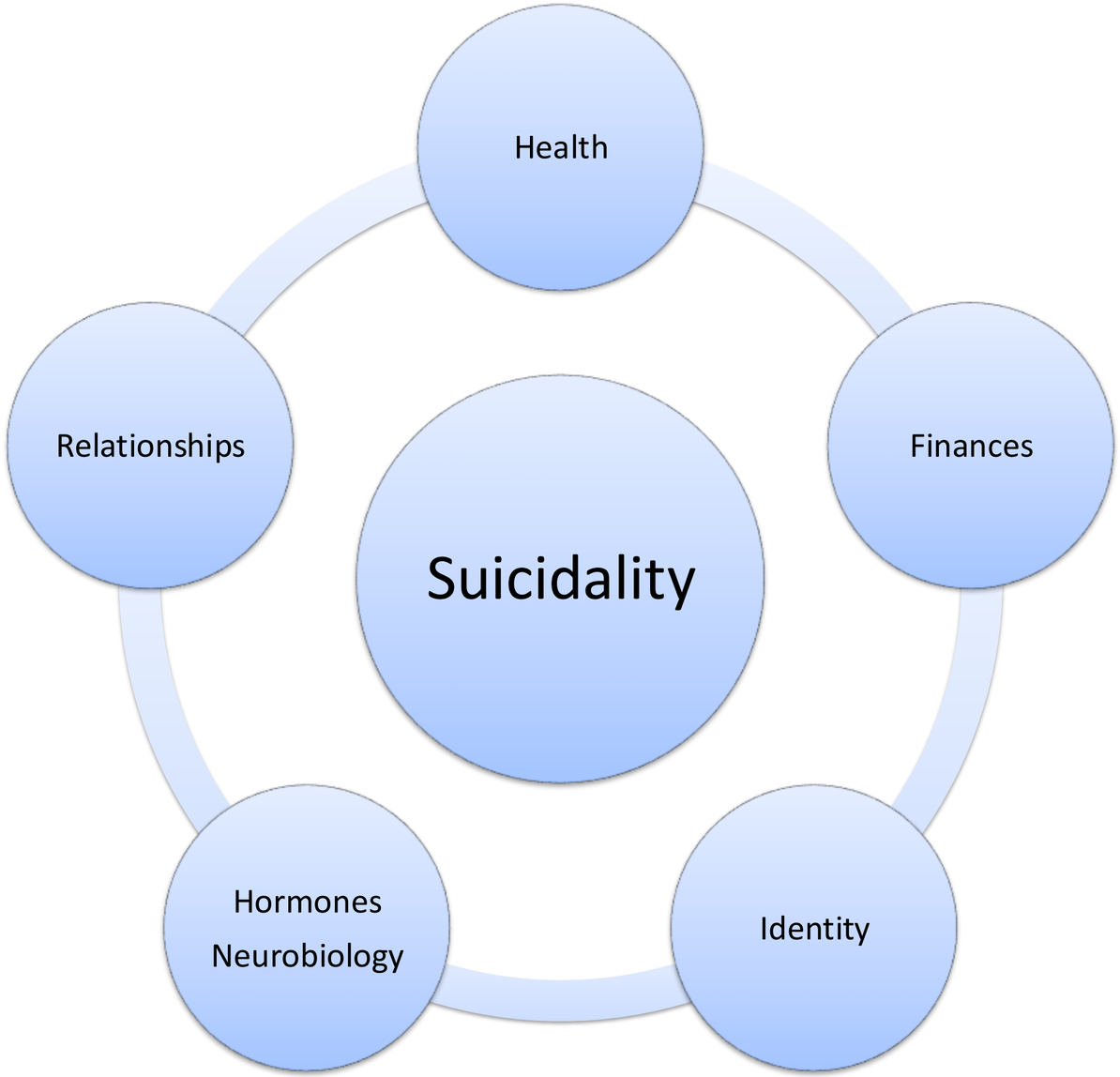
Recurrent dwelling on feelings, problems, upsetting events, and negative aspects of self


Nolen-Hoeksema, 1991, 2000;Nolen-Hoeksema et al., 2008; Watkins, 2008

# Understanding Perinatal Rumination

Rumination and suicidality overlap

- Repetitive, passive, negative, self-referential thought patterns
- Comparison with an unachieved standard
- Serve an avoidance function
- Rumination associates with thoughts (ideation and plans) and behaviors (attempts)




Rogers et al., 2017, Le et al., 2025

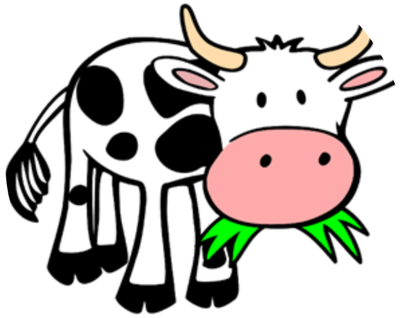
# Understanding Perinatal Rumination

Rumination follows common patterns

- Happens at characteristic times of day (before bed, when bored)
- Habitual and difficult to notice
- Develops in childhood, through difficult experiences and social learning
- Easily activated by rumination-consistent triggering events

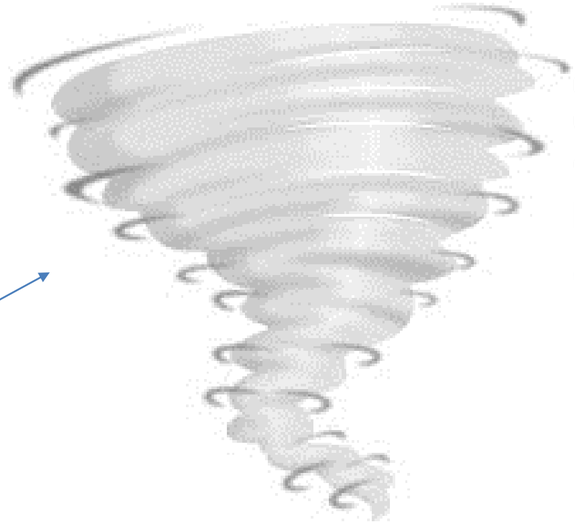
Watkins, 2008

# Flow of rumination



Trigger

Warning Signs!



Overthink
Worry
'Get stuck'
Ruminate


Avoid/Withdraw

# Understanding Perinatal Rumination

RUMINATION

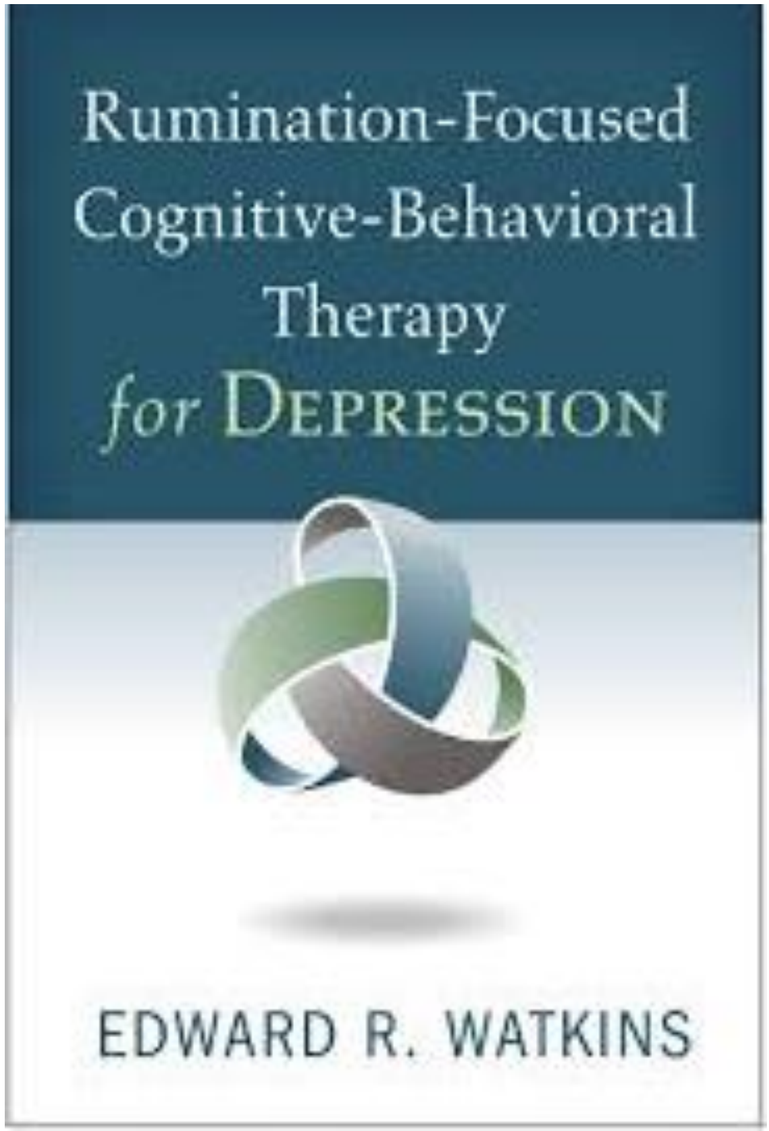
Poll: What is your level of familiarity with rumination-focused CBT:

A: Haven’t/barely heard of it
B: I’ve heard about it
C: I’ve read books or articles
D: I’ve received formal training

# Rumination-Focused CBT

Developed to treat habitual rumination

- Three stages:
  - Assessment
  - Awareness
  - Change
- Experiential and powerful




Watkins, 2018

# Rumination-Focused CBT

## Assessment Stage

- Using guided discovery
  - Get a general sense of rumination (frequency, consequences, contexts)
  - Determine if rumination is a habitual, maintaining problem for the patient and thus worth targeting
  - Define rumination using the patient's own terms and examples
  - Emphasize the habitual nature of rumination
  - Offer feedback and collaboratively agree on the treatment target
  - Link rumination to patient goals

Watkins, 2018

# Rumination-Focused CBT

## Awareness Stage

- Using an experiential approach
  - Help the client develop awareness of their rumination patterns
  - Explore rumination for several sessions, then variability
  - Functional analyses are conducted in present tense, as if the client is re-living the moment

Watkins, 2018

# Rumination-Focused CBT

## Awareness Stage

- Video demonstration of a functional assessment of rumination

Watkins, 2018

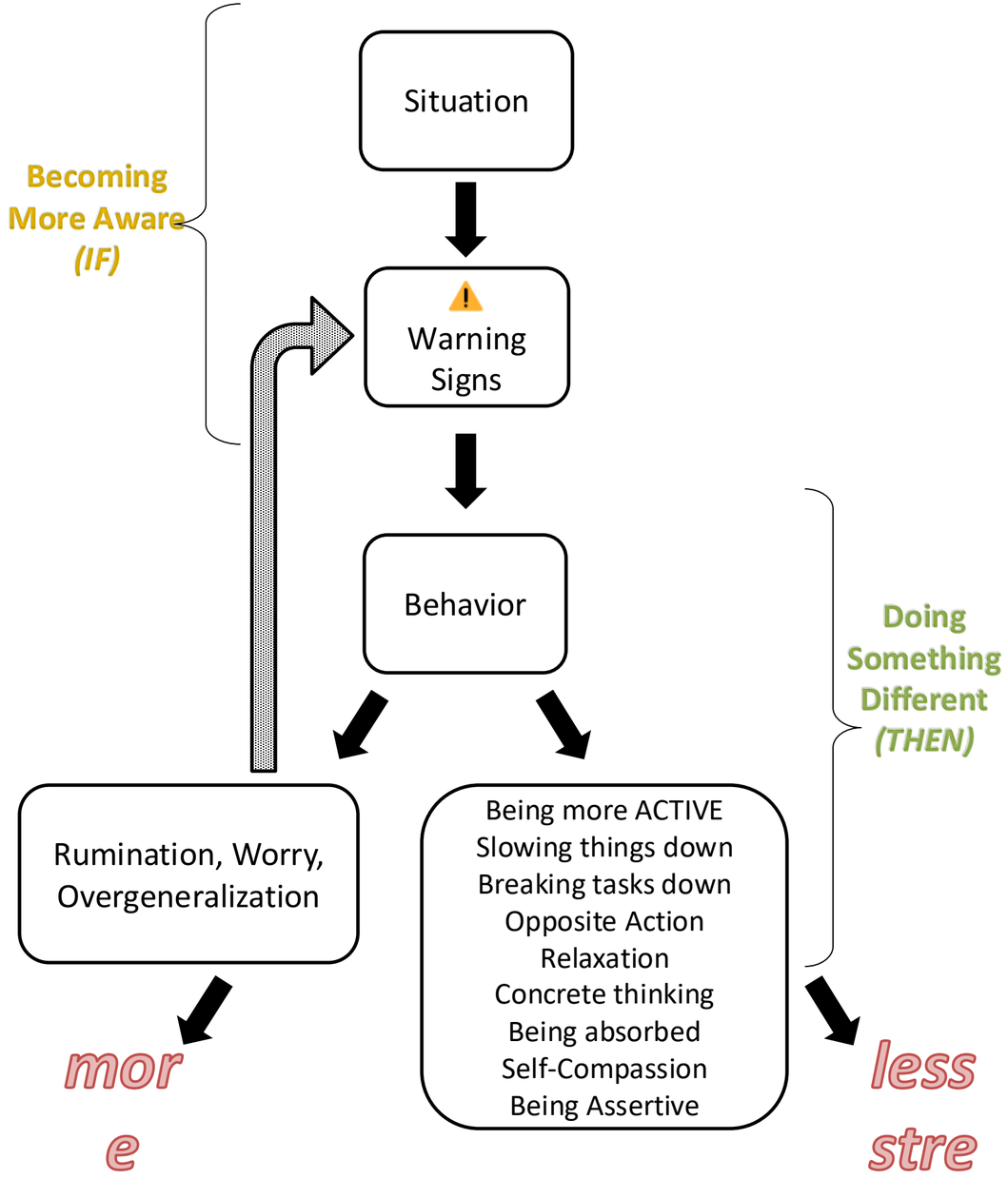
# Rumination-Focused CBT

Change Stage

- Develop and IF-THEN plan
- In each session, using an experiential approach
  - Practice the new skill
  - Assign the new skill as homework

Watkins, 2018

# If…Then


Becoming More Aware (IF)
Situation
Warning Signs
Behavior
Doing Something Different (THEN)
Rumination, Worry, Overgeneralization
Being more ACTIVE
Slowing things down
Breaking tasks down
Opposite Action
Relaxation
Concrete thinking
Being absorbed
Self-Compassion
Being Assertive
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# If…Then

Being more ACTIVE
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Being more ACTIVE
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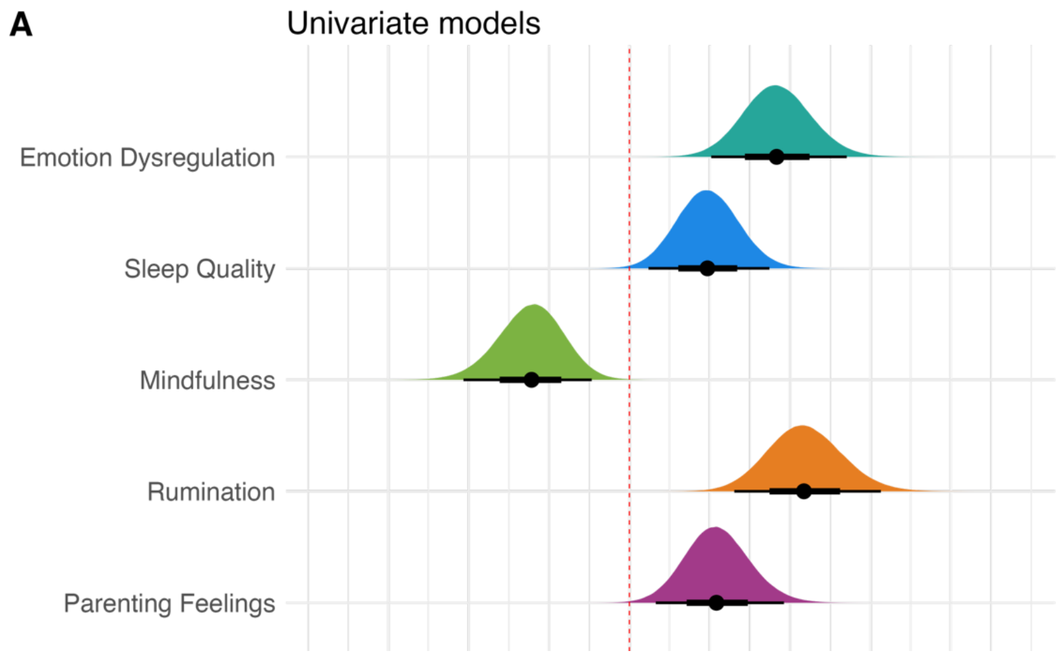
Being Assertive

# Understanding Perinatal Suicidality

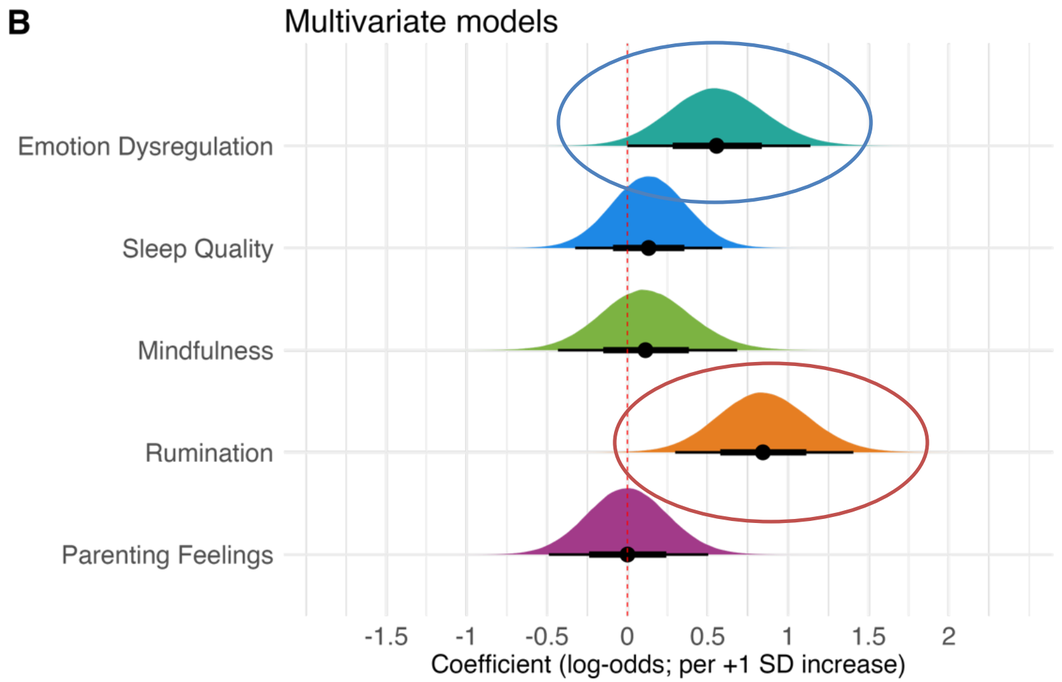
Postpartum, rumination and other risk factors associate with self-injurious thoughts and behaviors




Monlina, Zhou, Conradt, & Crowell, 2026

# Understanding Perinatal Suicidality

Postpartum, rumination and other risk factors associate with self-injurious thoughts and behaviors

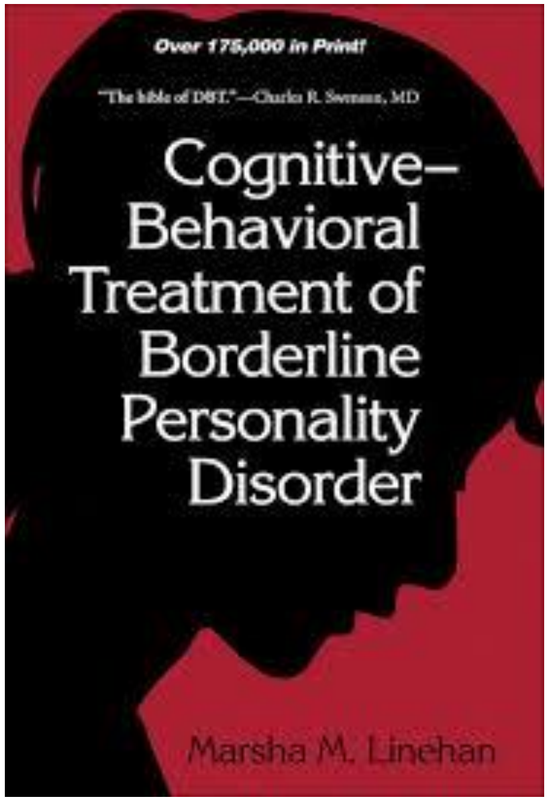



Monlina, Zhou, Conradt, & Crowell, 2026

# Dialectical Behavior Therapy

Comprehensive cognitive behavioral therapy for reducing emotion dysregulation

- Four treatment modalities
  - Individual therapy
  - Skills group
  - Phone coaching
  - Consultation team




Linehan, 1993

# Dialectical Behavior Therapy

Commitment stage is ~4 sessions

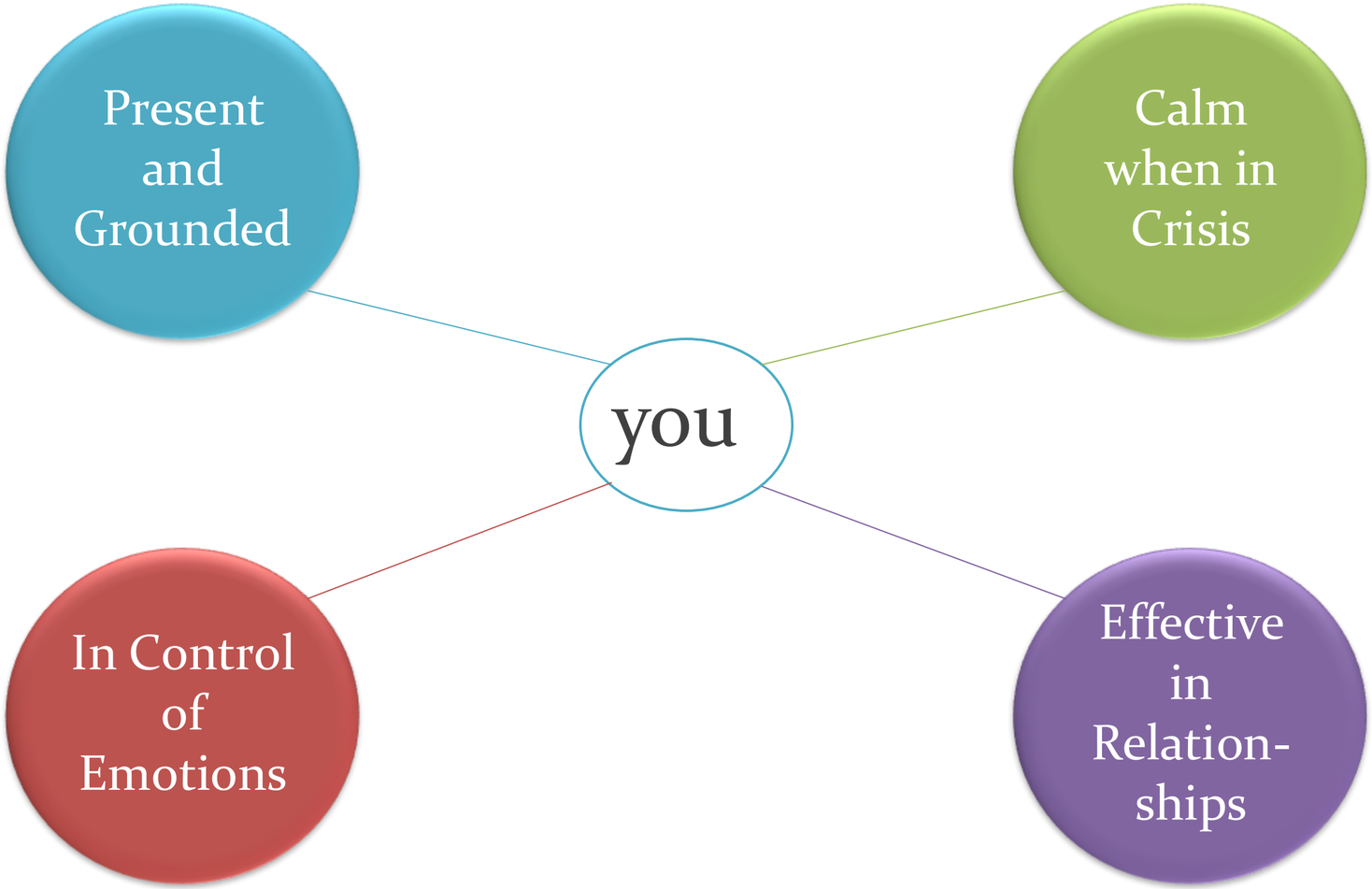
Listen for target behaviors

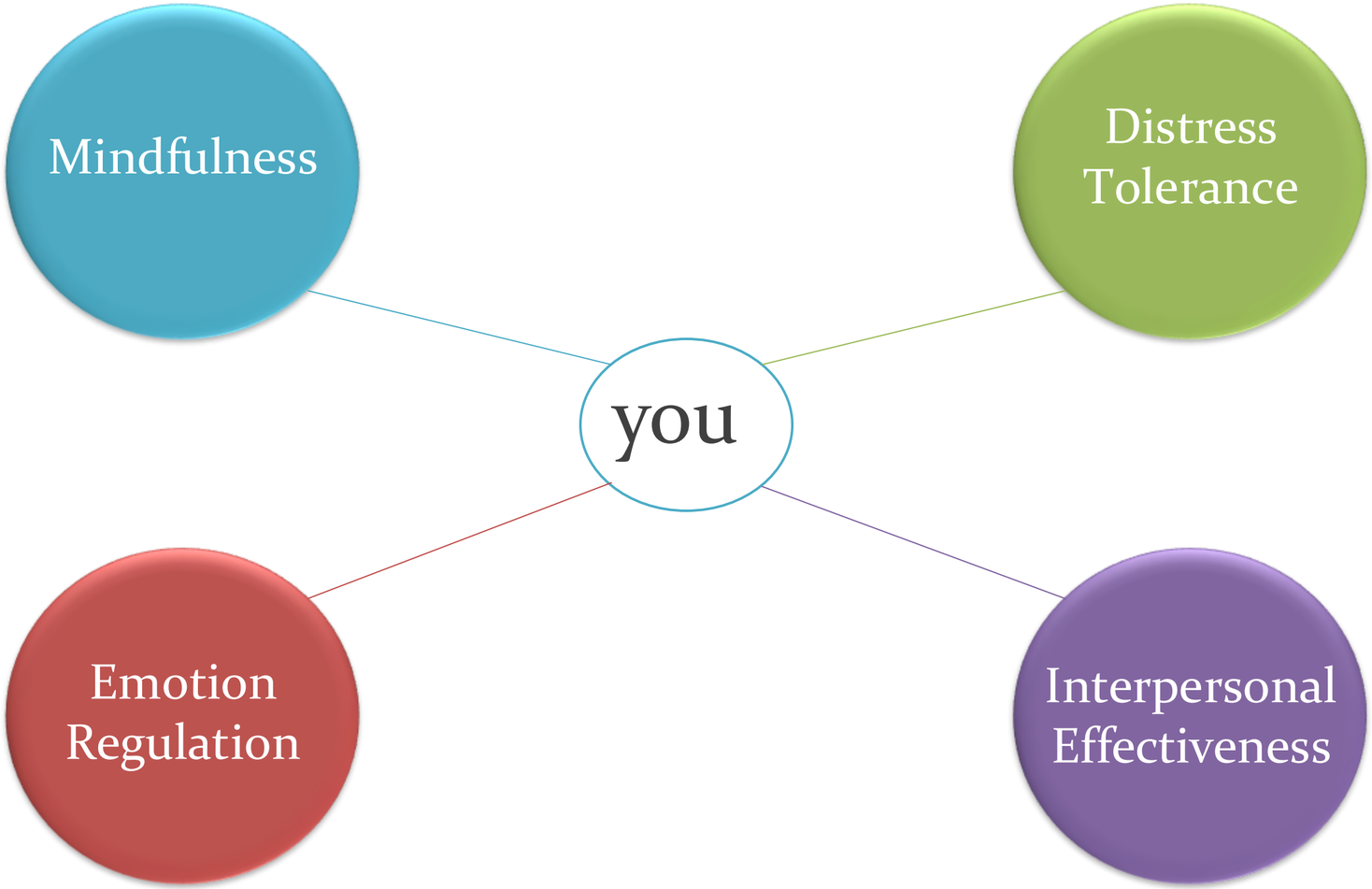
- Self-injurious/life threatening behaviors
- Therapy interfering behaviors
- Quality of life interfering behaviors, skills deficits
- Risk for dropout

Biosocial theory, skills, rules of DBT, establishing trust

Goal: “I hear you; I understand you; I have something for you”

Linehan, 1993


Present and Grounded
Calm when in Crisis
you
In Control of Emotions
Effective in Relation-ships


Mindfulness
Distress Tolerance
you
Emotion Regulation
Interpersonal Effectiveness

# Dialectical Behavior Therapy

Does full-program DBT work for perinatal populations?

- Starting in pregnancy requires some consideration
  - Start full program with plan for a pause
  - Modify and adapt
- Many people in full DBT are also parents

Linehan, 1993; Zalewski, et al, 2017

# Dialectical Behavior Therapy

Does full-program DBT work for perinatal populations?

- Critically, don’t worry about a referral for DBT

Linehan, 1993; Zalewski, et al, 2017

# References


- American Pregnancy Association. (2026, January 28). *Baby Blues.* https://americanpregnancy.org/postpartum/baby-blues/
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787
- Blount, A. J., Adams, C. R., Anderson-Berry, A. L., Hanson, C., Schneider, K., & Pendyala, G. (2021). Biopsychosocial Factors during the Perinatal Period: Risks, Preventative Factors, and Implications for Healthcare Professionals. *International Journal of Environmental Research and Public Health*, *18*(15), 8206. https://doi.org/10.3390/ijerph18158206
- Center for Disease Control and Prevention. (2022). Infertility FAQs. https://www.cdc.gov/reproductivehealth/infertility/index.htm
- Chandra, A., Copen, C.E., & Stephen, E.H. (2013). Infertility and Impaired Fecundity in the United States, 1982-2010: Data From the National Survey of Family
- Covington, S. N. (Ed.). (2022). *Fertility counseling: Clinical guide (*2nd ed.). Cambridge University Press. https://doi.org/10.1017/9781009030151Stroebe, M., & Schut, H. (1999)
- Desai, M. K., & Brinton, R. D. (2019). Autoimmune Disease in Women: Endocrine Transition and Risk Across the Lifespan. *Frontiers in endocrinology, 10,* 265. https://doi.org/10.3389/fendo.2019.00265
- Doka, K. (1998). Disenfranchised grief: Recognizing hidden sorrow. Wiley; University of Michigan.
- Eisenlohr-Moul T. A. (2025). Toward Precision Reproductive Psychiatry: A Call for Targeted, Transdiagnostic Approaches to Premenstrual Disorders. *The American journal of psychiatry, 182(*10), 894–897. https://doi.org/10.1176/appi.ajp.20250781
- Fairbrother, N., Collardeau, F., Albert, A. Y. K., Challacombe, F. L., Thordarson, D. S., Woody, S. R., & Janssen, P. A. (2021). High prevalence and incidence of obsessive-compulsive disorder among women across pregnancy and the postpartum. *The Journal of Clinical Psychiatry, 82*(2). https://doi.org/10.4088/JCP.20m13398
- Glazier, K., Swing, M., & McGinn, L. K. (2015). Half of obsessive-compulsive disorder cases misdiagnosed: Vignette-based survey of primary care physicians. *Journal of Clinical Psychiatry, 76*(6), e761–e767.
- Growth. National Health Statistics Reports, 67, 1-19. Retrieved February 7, 2018, from https://www.cdc.gov/nchs/data/nhsr/nhsr067.pdf
- Hantsoo, L., Sajid, H., Murphy, L., Buchert, B., Barone, J., Raja, S., & Eisenlohr-Moul, T. (2022). Patient Experiences of Health Care Providers in Premenstrual Dysphoric Disorder: Examining the Role of Provider Specialty. *Journal of women's health (2002), 31*(1), 100–*109. https://doi.org/10.1089/jwh.2020.8797*
- Harvard Health Publishing. (2017, May 1). *Premenstrual dysphoria disorder: It's biology, not a behavior choice.* https://www.health.harvard.edu/blog/premenstrual-dysphoria-disorder-its-biology-not-a-behavior-choice-2017053011768
- Hill, L., Rao, A., Artiga, S., & Ranji, U. (2025, December 3). Racial Disparities in Maternal and Infant Health: Current Status and Key Issues. *KFF.* https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/
- Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World psychiatry : official journal of the World Psychiatric Association (WPA), 19*(3), 313–327. https://doi.org/10.1002/wps.20769
- Hudepohl, MacLean, & Osborne. (2022). Perinatal obsessive-compulsive disorder: Epidemiology, phenomenology, etiology, and treatment. *Current Psychiatry Reports, 24*(4), 229–237. https://doi.org/10.1007/s11920-022-01333-4
- International Association for Premenstrual Disorders. (n.d.). *Diagnostic Recognition Timeline*. https://www.iapmd.org/diagnostic-recognition-timeline
- International Association for Premenstrual Disorders. (n.d.). *Transgender & PMDD*. https://www.iapmd.org/transgender-pmdd
- International Association for Premenstrual Disorders. (n.d.). *What is PMDD?* https://www.iapmd.org/pmdd
- International Association for Premenstrual Disorders. (n.d.). *What is PME?* https://www.iapmd.org/pme
- International OCD Foundation. (n.d.). Perinatal OCD screening & screening tools. https://iocdf.org/perinatal-ocd/for-clinical-providers/perinatal-ocd-screening-screening-tools/
- International OCD Foundation. (n.d.). OCD treatment guide: Best evidence-based therapies, medications, and new advances. https://iocdf.org/about-ocd/ocd-treatment-guide/
- Jaffe, J. (2017). Reproductive trauma: Psychotherapy for pregnancy loss and infertility clients from a reproductive story perspective. *Psychotherapy, 54*(4), 380–385. https://doi.org/10.1037/pst0000125
- Kepley, J. M., Bates, K., & Mohiuddin, S. S. (2023). Physiology, Maternal Changes. In *StatPearls.* StatPearls Publishing.
- Kiesner, J., Eisenlohr-Moul, T. A., & Vidotto, G. (2022). Affective Risk Associated With Menstrual Cycle Symptom Change. *Frontiers in global women's health, 3, 896924. https://doi.org/10.3389/fgwh.2022.896924*
- Le, G. H., Wong, S., Au, H., Badulescu, S., Gill, H., Vasudeva, S., ... & McIntyre, R. S. (2025). Association between rumination, suicidal ideation and suicide attempts in persons with depressive and other mood disorders and healthy controls: A systematic review and meta-analysis. Journal of affective disorders, 368, 513-527.
- Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York, NY: Guilford.
- March of Dimes. (2023). Infant mortality rates by race/ethnicity. https://www.marchofdimes.org/peristats/data?reg=99&top=6&stop=92&lev=1&slev=1&obj=1
- Mayo Clinic. (2024, August 7). Menopause. https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397
- Mayo Clinic. (2023). Miscarriage. https://www.mayoclinic.org/diseasesconditions/pregnancyloss-miscarriage/symptoms-causes/syc20354298#:~:text=Miscarriage%20is%20the%20spontaneous%20loss,even% 20know%20about%20a%20pregnancy
- Mayo Clinic. (2022, February 25). Premenstrual syndrome (PMS). https://www.mayoclinic.org/diseases-conditions/premenstrual-syndrome/symptoms-causes/syc-20376780
- Mayo Clinic. (2022, November 24). Postpartum depression. https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617
- McBain, T. D., & Reeves, P. (2019). Women's experience of infertility and disenfranchised grief. The Family Journal, 27(2), 156–166.
- Merriam-Webster. (2026, June 5). Perinatal. https://www.merriam-webster.com/dictionary/perinatal
- Merriam-Webster. (2026, May 7). Postpartum. https://www.merriam-webster.com/dictionary/postpartum
- MGH Center for Women's Mental Health. (n.d.). PMS and PMDD: When premenstrual symptoms interfere with functioning and quality of life. https://womensmentalhealth.org/specialty-clinics/pms-and-pmdd/

# References


•Misri, S., Abizadeh, J., Sanders, S., & Swift, E. (2015). Perinatal Generalized Anxiety Disorder: Assessment and Treatment. *Journal of women's health (2002), 24*(9), 762–770. https://doi.org/10.1089/jwh.2014.5150
•Molina, N.C., Zhou, A., Conradt, E., & Crowell, S.E. Rumination as a Correlate of Self-Injurious Thoughts and Behaviors Postpartum: A Bayesian Analysis. Poster presented at the Association for Psychological Science (APS) Annual Conference, Barcelona, Spain.
•Nayman, S., Beddig, T., Reinhard, I., Kuehner, C. (2023). Effects of cognitive emotion regulation strategies on mood and cortisol in daily life in women with premenstrual dysphoric disorder. Psychological Medicine 53, 5342–5352. https://doi.org/10.1017/S0033291722002495
•Nolen-Hoeksema, S. Responses to depression and their effects on the duration of depressive episodes. *Journal of abnormal psychology 100*.4 (1991): 569.
•Nolen-Hoeksema, S. The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of abnormal psychology 109*.3 (2000): 504.
•Raffi, E. R., & Freeman, M. P. (2017). The etiology of premenstrual dysphoric disorder: 5 interwoven pieces. *Current Psychiatry, 16*(9), 20-28. https://www.mdedge.com/currentpsychiatry/article/144987/somatic-disorders/etiology-premenstrual-dysphoric-disorder-5
•Richard G. Tedeschi, R. G., & Lawrence G. Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. https://doi.org/10.1002/jts.2490090305
•Rogers, M. L., & Joiner, T. E. (2017). Rumination, suicidal ideation, and suicide attempts: A meta-analytic review. Review of General Psychology, 21(2), 132-142.
•Salamon, M. (2024, January 1). *Break the cycle*. Harvard Health Publishing. https://www.health.harvard.edu/mind-and-mood/break-the-cycle
•Shi, Z., & MacBeth, A. (2017). The Effectiveness of Mindfulness-Based Interventions on Maternal Perinatal Mental Health Outcomes: a Systematic Review. *Mindfulness, 8*(4), 823–847. https://doi.org/10.1007/s12671-016-0673-y
•Scolan, Dina. (n.d.). Rumination. The OCD & Anxiety Center. https://theocdandanxietycenter.com/rumination/
•Spano, K. (2025, May 28). Women's Mental Health Across the Lifespan: The Latest Techniques from CBT, DBT, and Mindfulness to Treat the Impact of Hormonal Shifts, PMS, PMDD, Postpartum, Perimenopause & Menopause. [Lecture]. PESI, Inc.
•Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197–224. https://doi.org/10.1080/074811899201046
•Tedeschi, R. G., & Calhoun, L. G. (1995). Trauma and transformation: Growing in the aftermath of suffering. Sage Publications.
•Wallace, Kedra & Araji, Sarah. (2020). An Overview of Maternal Anxiety During Pregnancy and the Post-Partum Period. *Journal of Mental Health & Clinical Psychology.* 4. 47-56. 10.29245/2578-2959/2020/4.1221.
•Watkins, E. R. (2008). Constructive and unconstructive repetitive thought. Psychological bulletin, 134(2), 163.
•Watkins, E. R. (2018). Rumination-focused cognitive-behavioral therapy for depression. Guilford Publications.
•Zalewski, et al. "Clinical considerations when treating adults who are parents." *Clinical Psychology: Science and Practice* 24.4 (2017): 370.
•Zisook, S., & Reynolds, C. F., III. (2017). Complicated Grief. *Focus, 15*(4), 12s 13s. https://doi.org/10.1176/appi.focus.154S14

# Resources and Support

- International OCD Foundation – iocdf.org
- MaternalOCD.org
- Postpartum Support International – potpartum.net
- Maternal Mental Health Alliance – maternalmentalhealthalliance.org
- American Pregnancy Association – americanpregnancy.org
- RESOLVE: The National Infertility and Family Building Association – resolve.org

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