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Special Feature Article

Cognitive Behavior Therapy Approach for Perinatal Mental Health

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Abstract

Women have physical and mental stress in the perinatal period, which increases the risk of mental health problems. Moreover, the mother's mental health problems influence not only their partner's mental health, but also the growth and development of their children. Therefore, perinatal mental health care is an important issue worldwide. Screening of postpartum depression has spread in our country; however, psychosocial support for mothers is not sufficient. One promising psychosocial support method is cognitive behavioral therapy (CBT). Although the effectiveness of CBT has been demonstrated in many countries, it is underutilized in Japan. Its dissemination is a key issue.

This article first reviews previous studies that examined the effectiveness of CBT in the perinatal period. The randomized controlled trials demonstrated promise in treating perinatal depression, anxiety disorder, obsessive-compulsive disorder, and insomnia. In addition, the positive effects of CBT on the behavior and development of children and their mother were reported. A systematic review of 27 articles also reported improvements in depressive symptoms.

Time and human resources are lacking to implement usual structured CBT in medical practice in Japan. In this article, we introduce the concept and procedures of Streamlined

CBT. We will explain how Streamlined CBT can be used specifically in the perinatal setting. Streamlined CBT is a method of dialogue based on the theory of CBT that can be used in routine interviews in medical settings and be learned by all medical staff. The steps of the dialogue can be summarized as follows; Step 1: Identify the purpose of the dialogue and show "empathy" to create a collaborative relationship; Step 2: Use "Socratic questions" to clarify the problem by organizing the most emotionally-challenged situations; Step 3: Work together on the problem using CBT techniques; Step 4: Review of the interview and set action plan until the next interview. Lastly, we will discuss the current challenges and future prospects for perinatal mental health support.

Keywords: cognitive behavior therapy, perinatal mental health, streamlined cognitive behavior therapy, perinatal depression, perinatal anxiety

Introduction

In perinatal emotional support, it is important for health care providers who take a population approach, such as providing medical checkups and newborn visits, to establish a trusting relationship with the patient through appropriate communication. It is very difficult to provide support only by detecting disorders through screening using medical interview sheets or questionnaires. Many women are hesitant to see a psychiatrist during the perinatal period because of the risks of drug use, such as teratogenicity and breast milk transfer. It has been reported that many pregnant or postpartum women tend to prefer psychotherapy to drug therapy (26). In Japan, as many as 26% of women who were attending a psychiatrist self-

suspended their visits and medication when they became pregnant (3). In a survey in Tokyo, 48% of women who died by suicide during the perinatal period did not see a psychiatrist even though they were advised to do so (31). Unilateral advice to see a psychiatrist from a medical provider according to a questionnaire-based evaluation does not create a sense of "I was listened to here," and may in fact mean the patient is less likely to seek support. Therefore, there is an urgent need for midwives, public health nurses, and other non-psychiatric personnel who provide general consultation services for women in the perinatal period to acquire psychiatric dialogue skills and apply them to care.

However, while most guidelines recommend that patients be referred to

a psychiatrist if applicable based on screening, they do not specifically address how to encourage the pregnant or postpartum woman to take action, such as seeking medical attention or consultation. In the field of psychiatry, medication and brief interviews are the mainstay, and few specialists are able to provide cognitive behavioral therapy (CBT) for perinatal depression and anxiety in pregnant or postpartum women, as recommended in guidelines in the United Kingdom and other countries. The reality is that medical professionals involved in the perinatal period have very few opportunities to learn mental health care techniques. This is why there is a need for a place where various professionals can learn how to talk to, listen to, and care for women in the perinatal period at the moment when they feel they are suffering from a mental disorder. The Ministry of Health, Labour and Welfare's maternity health checkups have led to the establishment of comprehensive centers for child-rearing generations and prenatal support and postpartum care programs throughout Japan, and the foundation for mental health care is now in place. It is one of the most important issues in Japan at present to have multidisciplinary professionals involved in the perinatal period acquire psychological intervention techniques.

Therefore, we have been conducting training and educational activities based on CBT to help multidisciplinary professionals acquire skills in perinatal mental health care. This article describes the practice of perinatal mental health care based on CBT, introduces our activities, and discusses future prospects.

I. Mental Health Care in the Perinatal Period

1. Mental Health Problems in the Perinatal Period

While pregnancy and childbirth are joyous events, they also place a heavy physical and mental burden on the body, increasing the risk of mental illness during the perinatal period. The World Health Organization (WHO) reports that the percentage of pregnant and postpartum women suffering from mental disorders is 10-13% (35). It is estimated that about 90 million pregnant or postpartum women worldwide and about 100,000 in Japan suffer from mental disorders annually.

Perinatal depression is the most well-known psychiatric disorder, affecting approximately 5-18% of women during pregnancy and the postpartum period (8,9). Depression during pregnancy is associated with preterm delivery, fetal growth failure, and gestational hypertension (19). Postpartum depression has also been reported to

affect children, worsening the mother-child relationship 30) and increasing the risk of emotional and behavioral problems in children 34).

Perinatal anxiety, like depression, has been attracting attention in recent years as a condition that needs to be cared for. It has been reported that 16% of pregnant women suffer from anxiety disorders during the perinatal period 1)10). A report of an increased risk of developing anxiety disorders after childbirth was also published 27). A systematic review of the effects of perinatal anxiety disorders on children concluded that there was insufficient evidence 11), but a systematic review of the literature, mainly from the UK, reported that the economic losses to mothers and children from perinatal anxiety disorders and depression are enormous 2). Although it is difficult to develop a scale that comprehensively evaluates all types of anxiety occurring during the perinatal period 3), it is expected that it will be evaluated and studied in the same way as depressive symptoms.

In Japan, maternal suicide is also a problem: suicide was the leading cause of death among abnormal maternal deaths in Tokyo from 2005 to 2014 32). Subsequently, a nationwide survey from 2015 to 2016 found that 102 out of 357 women who died in the perinatal period committed suicide 18). Although details

such as the incidence of mental illness are unknown, it is clear that mental health care during the perinatal period is important from the perspective of suicide prevention.

In addition, surveys on partners have been increasing in recent years. Rates of depression in partners were reported to be 8.4% 5) in a meta-analysis outside Japan and 11% in Japan 33). The incidence of domestic violence by partners has also been reported to increase during pregnancy 7). Partner violence is also a risk factor for the development of depression in women during the perinatal period. Mental health care during the perinatal period should also focus on the partner's situation.

Based on these results, early detection and intervention for mental health problems during pregnancy are considered important 24). Early recognition of mental health problems in oneself and others, knowing the importance of seeking help, and having self-help strategies are generally referred to as mental health literacy, which is considered an important concept for disease prevention 14). In the perinatal period, it is important to increase this literacy and provide interventions to help people take mental health actions that actually change their behavior.

2. Effectiveness of Cognitive Behavioral Therapy in the Perinatal Period

A CBT approach is considered effective as an intervention to increase mental health literacy among women in the perinatal period and help them take action such as counseling. The National Institute for Health and Care Excellence (NICE) "Guidelines for Perinatal Mental Health" recommends CBT-based self-help for mild to moderate depression and less than moderate anxiety disorders in the perinatal period 23).

The effectiveness of CBT for depression in the perinatal period has been reported in a large body of literature. Meta-analyses have shown that CBT improves depressive symptoms both during pregnancy and postpartum 2)28)29). A recent pilot study showed the effectiveness of CBT for depression during pregnancy in a randomized controlled trial (RCT) 4), and the use of CBT is spreading outside of Japan. Furthermore, RCTs have shown that CBT has a positive effect on the behavior and development of not only mothers but also their children 21).

Because anxiety disorders include a wide range of conditions such as obsessive-compulsive disorder and panic disorder, there have been few reports on the effectiveness of CBT in the perinatal period. However, there is a report of an Internet-based CBT

program for anxiety and depression from pregnancy that achieved a high satisfaction rate of 76% and a reduction in anxiety and depression 22).

Because regular visits to the hospital are difficult during the perinatal period, the effectiveness of Internet-based CBT programs is being reported 12)15). Since they can be conducted regardless of the presence of COVID-19, their further use is expected.

II. Streamlined Cognitive Behavioral Therapy in the Perinatal Period

We developed streamlined cognitive behavioral therapy (SCBT), CBT that can be administered in a short time. The effectiveness of CBT in the perinatal period was described in the previous section, but CBT generally requires 10 to 16 weekly interviews lasting 40 to 60 minutes, which is time- and cost-intensive. SCBT is a brief 15-minute interview that follows the procedures shown in Table 1 and can easily be conducted in general psychiatric and midwifery outpatient clinics.

While general psychotherapy recommends adherence to a treatment framework, the perinatal period requires the therapist to be flexible. Pregnant or postpartum women often experience problems over which they have no control, such as their physical condition and the situation of their child. When unexpected situations arise, the

therapeutic attitude is to respect the patient's wishes while collaboratively discussing a treatment framework.

In Step 1, after greeting each other, confirm the purpose of the dialogue and create a cooperative relationship with the patient through "empathy". Empathy refers to an intervention that identifies the patient's emotions in his/her statements and responds with words such as, "That's sad," to encourage recognition of his/her own emotions, which have been difficult to verbalize. When the sense of being understood is nurtured by empathy, the tension is eased. In addition, questions give the patient a chance to confirm his or her own thoughts, and have the effect of inducing spontaneous change. By asking questions after empathy, the patient has time to reflect, such as, "Yes, that's right; I felt sad because I thought about XX". When the intervention begins with a question, the patient may feel as if he/she is being blamed, so it is important to ask a question after showing empathy beforehand.

In Step 2, the problem is examined based on the "cognitive-behavioral model. The cognitive-behavioral model refers to the mechanism of the mind in which cognition, emotion, behavior, and body responses interact with each other when an event occurs (Figure 1). We have created a diagram called "Socratic questions" to visualize this model and

examine it collaboratively with patients. As shown in Figure 2, Socratic questions consist of "triggers," "thoughts," "feelings," "bodily reactions," and "actions". These five items are called the "5 Ks" because the first letter in the Roman alphabet is K. While writing about Socratic questions with the patient, focus on the strongest emotion that arose at the trigger moment, and clarify the emotion and corresponding thoughts. The therapist conveys the understanding organized as the five Ks to the patient, and asks, "Is there anything you noticed after organizing your feelings?" at the end of the session, so that the therapist can obtain feedback from the patient.

There are considered to be four basic emotions: joy, anger, sadness, and anxiety. Sadness comes from the idea of loss. An example of this is when a person thinks that he or she has "failed to fulfill the expected role (loss of ability or opportunity)" at work, at home, etc. Anxiety stems from the belief that something unknown will happen or that it is beyond one's control. There are many uncertainties during the perinatal period, such as the child's health, growth, and financial prospects. Surveys using the Edinburgh Postnatal Depression Scale (EPDS) have reported that anxiety scores account for a large proportion of the scores both in Japan and abroad (6)16)20). Anger stems from

the idea that one's domain has been invaded. In the case of an emergency delivery, the patient may show anger when she thinks that "the procedure was performed without sufficient explanation when it should have been given".

In Step 3, we introduce appropriate techniques to deal with the vicious cycle that we have noted, and the therapist and patient work together to address the issue. CBT intervention techniques are classified into two types: techniques that approach "behavior" and those that approach "cognition". Behavioral approaches are selected for problems that can be realistically expected to improve if appropriately addressed. Cognitive approaches are selected for problems that are thought to be mainly caused by psychological factors such as biased thinking. A summary of the various techniques is shown in Table 2, and it is recommended to select a standard technique first because there is a suitable technique for each disease.

Step 4 concludes with a summary of the interviews, a review of the interviews, how to apply the techniques in daily life, and homework to be done before the next interview.

III. Our Activities and Future Prospects

The Center for Cognitive Behavioral Therapy started its activities for perinatal mental health care in 2018.

The center's clinical activities are based on the guided self-help philosophy, in which both the patient and therapist collaborate in treatment. In addition, the center has developed a unified protocol based on research findings. We are also conducting nationwide training programs to enable a wide range of professionals to provide effective interventions. We aim to use this expertise to contribute to clinical practice, research, and education in the field of perinatal mental health. In this section, we introduce our current activities and discuss future prospects.

1. Midwifery intervention program to prevent perinatal depression

Okatsu et al. developed a CBT-based midwifery intervention program for pregnant women (25). While creating the program, a questionnaire was sent to postpartum women to ensure that the program would be empathetic to a large number of people, and that the opinions of those involved would be fully reflected.

This program is designed to be less burdensome for pregnant women, as all three intervention sessions are conducted in conjunction with maternity health checkups. In addition, by providing pamphlet-based psychoeducation, efforts can be made to minimize individual differences among the midwives who conduct the

interviews. The pamphlet is designed to be easy to understand by including explanations in the form of cartoons.

In a pilot study, five healthy pregnant women were administered the program, and their comprehension and satisfaction levels were measured before and after the program and one month postpartum. Comprehension scores increased immediately after the program for all items, and for most items, scores at one month were even higher than immediately after the program. Satisfaction was surveyed using the 8-item Japanese version of the Client Satisfaction Questionnaire (CSQ-8J), and all items were rated 3.6 or higher on a 4-point scale, indicating a high level of satisfaction 25). In the future, we are considering introducing this program as group therapy at postpartum care facilities and postpartum health checkups.

2. KNOWELL - A website for disseminating information related to the perinatal period -

We have started a website named "KNOWELL Family" in the hope that people will gain various forms of wisdom useful in the perinatal period (know well) 17). The website provides information to enhance mental health literacy, with the aim of enabling the people concerned to recognize mental health problems early and take coping

actions such as consultations and medical examinations, and also enabling supporters to appropriately extend a helping hand.

In recent years, co-production, an approach that includes the people involved, has been considered important for support. Many of the project team members had both the perspectives of those who had experienced pregnancy and childbirth and those who were experts in the field, and this was a source of strength for the project. In addition, content was created with an awareness of each form of biological, psychological, and social support. These are arranged in such a way that the information can be easily retrieved according to the perspective of the viewer, and the design was adapted to facilitate viewing on a smartphone. With the advent of 2020, concerns about COVID-19 infection have increased, and many mothers are facing various difficulties, such as restrictions on their children's activities and fewer opportunities to obtain support from their parents. Therefore, we also disseminated information on COVID-19 in an effort to reduce anxiety.

We would like to continue to improve the website by surveying the people concerned regarding how they feel about using it, so that necessary information can be provided promptly.

3. Cognitive behavioral therapy training on perinatal mental care for multidisciplinary professions

To help nurses, doctors, psychologists, childcare workers, and other professionals acquire skills in caring for women during the perinatal period, a workshop on "Dialogue Skills and Perinatal Mental Health Learned from CBT" is being conducted in collaboration with multidisciplinary professionals. The training consists of three parts: (1) learning dialogue skills using CBT, (2) explanation of the environment and psychological changes during the perinatal period, and (3) explanation of mental illness. The training also includes role-plays based on verbatim dialogues between the patient and supporter to facilitate practice. Through this training, we expect the participants to improve their self-efficacy and knowledge of dialogue skills. In addition, we plan to conduct a questionnaire survey of the participants to investigate the effectiveness of the training and their needs, and to make use of the results in future training.

Conclusion

The perinatal period is a time of great environmental and psychological change. In Japan, an estimated 100,000 women per year suffer from mental health problems during the perinatal period, and suicide is the leading cause

of death among pregnant or postpartum women. However, these psychological changes may not reach health care providers directly due to resistance to consultation, and may not lead to psychiatric consultation for pregnant or postpartum women.

Although there is a growing need for CBT in the perinatal period, there are only a limited number of medical institutions in Japan that can provide it, and support personnel have limited opportunities to learn about it. Therefore, this article introduced SCBT, a short interview dialogue technique based on CBT theory. We hope that this article will be of assistance in the clinical practice of psychiatry involving pregnant or postpartum women, irrespective of whether they are beginners or specialists.

We also introduced activities such as the creation of guided-help CBT for midwives, the dissemination of information from a website, and a workshop on "Dialogue Skills and Perinatal Mental Health Learned from CBT" for multidisciplinary professionals. We hope that these activities related to perinatal mental health care will promote the well-being of women, their families, and above all, their unborn children.

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表 1 効率認知行動療法の Step

Step 1: 対話の目的を確認し、「共感」を示して協働関係を作る
Step 2: 「こころの仕組み図」を用いて、最も感情が動いた場面を整理して問題を明確化する
Step 3: 問題解決に最も適した技法を選んで一緒に取り組む
Step 4: 今回の面談を振り返り、次回までに行うべき課題を設定する

Table 1 Steps of Streamlined Cognitive Behavioral Therapy

Step 1: Confirm the purpose of the dialogue, show "empathy," and create a cooperative relationship.

Step 2: Clarify the problem by organizing the most emotionally moving situations using the "Socratic questions".

Step 3: Select the most appropriate technique for solving the problem and work on it together.

Step 4: Review the current interview and set tasks to be completed before the next session.

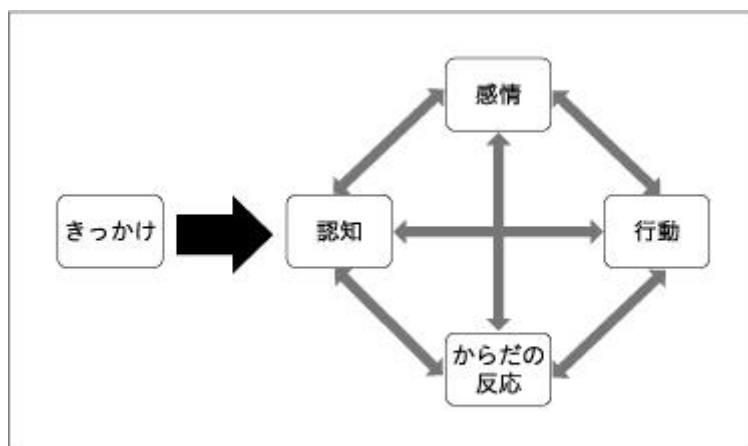


図 1 認知行動モデル

Figure 1 Cognitive-behavioral Model

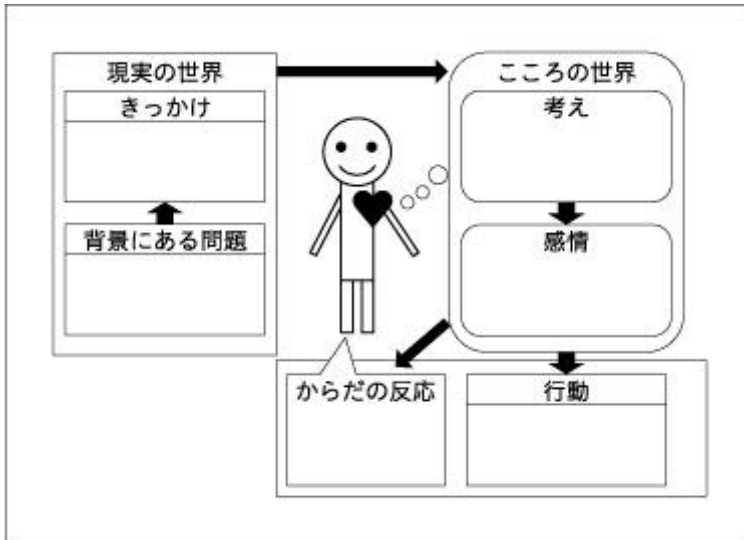


図2 こころの仕組み図

Figure 2 Socratic questions

表2 認知行動療法の構成と介入技法

	方法	概要
認知的 アプローチ	認知再構成	苦痛となる感情を伴う自動思考を同定し、新たに柔軟な考えを導き出す
	マインドフルネス	何かにとらわれるのではなく、今という瞬間に注意を向けて、思考や感情をありのまま受け入れるように試す
行動的 アプローチ	行動活性化	喜びや達成感のある活動を増やし、回避や反すうを減らすように計画を立てて取り組む
	問題解決技法	問題から具体的な目標を設定し、さまざまな解決法を列挙する。これらのメリット・デメリットを吟味したうえで、最善の解決法を選択する。選んだ方法を、計画を立てて実践し、結果を振り返り検討する
	アサーション	主に相手と意見が異なる場面を検討する。相手の感情や立場を尊重したうえで、自分の状況や感情を伝え、上手に提案する練習を行う
	曝露	克服したいことに挑戦し、望ましくない反応が生じなくなるまで慣れるよう行動実験を行う
CBTの終結	再発予防	治療の終結に向けて、治療で学んだことやスキルを振り返り、今後の生活にどう応用するかを検討する

Table 2: Cognitive Behavioral Therapy Structure and Intervention Techniques
Method/Summary

•Cognitive Approach

-Cognitive restructuring: Identification of distressing, emotionally automatic thoughts and elicitation of new, flexible thoughts

-Mindfulness: Attempts to focus attention on the present moment and accept thoughts and feelings as they are, rather than being preoccupied with something else

•Behavioral Approach

- Behavioral Activation: Planning and working to increase activities that bring pleasure and a sense of accomplishment and decrease avoidance and rumination
- Problem-solving techniques: Set specific goals from the problem and enumerate various solutions. After examining the merits and demerits of these methods, the best solution is selected. Formulate a plan to implement the chosen method, and review the results.
- Assertion: Mainly examine situations in which one's opinion differs from that of the other person. Practice communicating one's own situation and feelings, respecting the feelings and position of the other person, and making good suggestions.
- Exposure: Expose yourself to what you want to overcome and conduct behavioral experiments to familiarize yourself with the situation until the undesired reaction no longer occurs.
- Closing CBT
 - Relapse Prevention: Toward the end of treatment, reflect on what has been learned and the skills mastered in treatment and how to apply them to future life.