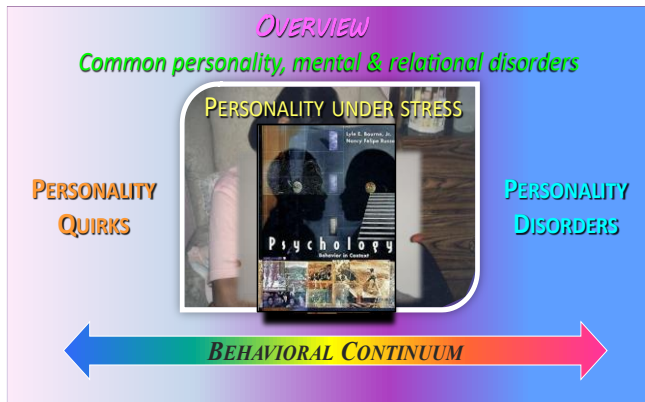


The high need parent has something going on underneath... what is it?



RELATIONAL & SITUATIONAL

- Marital/Partner difficulties
- Extended family problems
- Pain & other nursing problems
- Living conditions
- Covid-19
- D-Mer & Breastfeeding Aversion
- Perinatal Mental Anxiety Disorders
- (PMADS) Postpartum Depression

MENTAL ILLNESS

- **Depression (history)**
- **Bi-polar disorder:** Manic & sometimes Depressive phases, variations, pp parents affected by hormonal fluctuations, medication changes

UNRESOLVED TRAUMA

- Adverse Child Events (ACEs)
- Sexual abuse: They may be conflicted about decision to breastfeed, Uncomfortable w/ physical help, May experience phantom pain; bfg problems may trigger PTSD
- Pregnancy Loss
- Infant Loss
- The Birth Trauma Cascade

PERSONALITY DISORDERS

Borderline Personality Disorder

- Often very intelligent
- Pattern of instability in personal relationships
- Fears abandonment, frantically works to avoid it
- Chronic feelings of emptiness
- Substance abuse not uncommon
- Often engages in self-mutilation
- SPLITTING
- Projection : Emotion attributed to the other person that really reflects their own emotions
- Anger: sudden, inappropriate, intense; may act out
- May dissociate: They look like they're listening, but they're somewhere else. Difficult to pick up
- Classic movie example: *Fatal Attraction*

Histrionic Personality Disorder

- The center of attention
- May come across as “phony”
- Great emphasis on appearance
- The drama queen..... theatrical, exaggerations
- Considers relationships to be more intimate than really are
- May come up with a crisis *du jour* to maintain relationship
- Dial down the Drama
- Classic movie example: *Gone with the Wind...*

The Narcissist

- Exaggerated sense of importance
- Requires excessive attention
- Sense of entitlement
- May exploit and feel little empathy
- Can be arrogant and disrespectful
- Can be demeaning of health professionals because it detracts from their sense of mastery and omniscience
- Classic movie example: Vizzini in *Princess Bride*; Alex Baldwin in *Malice*

Dependent personality disorder

- Anxiety causes no tolerance for uncertainty; wants rules for everything
- Needs to be taken care of; has difficulty being alone
- Cannot make decisions without huge amounts of advice
- Will go to great lengths to win support
- Appears cooperative- *May report false progress to please*
- Classic movie example: *What about Bob?*

Obsessive-Compulsive (OCD)

- Obsessed with details, rules, order, control, structure; may fixate on one aspect of care
- Has difficulty delegating
- Classic movie example: *As Good as it Gets*

IDENTIFYING THE HIGH NEED PARENT

- *Instinctual knowledge- clinician's reactions*
- *Inconsistent client reports*
- *Affect- degree of expression*
- *Appropriateness to the situation*
- *Stability of emotions*
- *Depression*

COUNSELING CONCERNS

- *Emotional Support*
- *Behave consistently & compassionately*
- *Active listening & empathy*
- *We can help identify issues and help them feel cared about*
- *Parents cannot receive info until they feel heard*
- *We can help them to correctly interpret the issues- need to watch interactions with baby, cues and misinterpretations*
- *Telehealth Challenges: What you can't see can be missed and lead to false sense of security; bad timing. "The most significant factor predictive of increased breastfeeding rates is whether mothers receive the services they seek." - Hubschman-Shahar, L. E. (2022). Lactation Telehealth in Primary Care: A Systematic Review. Breastfeed Med, 17(1), 6-21.*

Common Faulty Assumptions by health care providers and family

- They'll get more rest without baby
- They'll appreciate the break
- The baby can be cared for just as well by others
- Breastfeeding isn't that important
- Weaning will fix depression- No it doesn't
 - It removes stress-reducing lactation hormones.
 - *"Women with high levels of anxiety and depression during pregnancy who stop breastfeeding early are at an additional multiplicative risk for postpartum anxiety and depression."*
- Bottle-feeding is the answer: No it isn't!
 - Undermines maternal self-confidence
 - Interferes with bonding
 - *Becomes another loss*

Ystrom, E. (2012). Breastfeeding cessation and symptoms of anxiety and depression: a longitudinal cohort study. *BMC Pregnancy Childbirth, 12, 36*. doi: 10.1186/1471-2393-12-36

Gallup, Gordon G., Nathan Pipitone, R., Carrone, Kelly J., & Leadholm, Kevin L. (2010). Bottle feeding simulates child loss: Postpartum depression and evolutionary medicine. *Medical hypotheses, 74(1), 174-176*.

SUPPORTIVE STRATEGIES

Breastfeeding is important, but so is mom! Help her figure out:

- How to get more sleep
- How to exercise for mood
- Enlist help from family and friends
- Relaxation techniques... good for milk, good for mood (*Stuebe 2012*)

- Involve the father or partner- reduces anxiety
- Try to work within the context of their culture
- Treating PMADs with medications/SSRIs can help settle things down
- They may need an advocate
- Developing a plan of care: *be realistic*: Idealization from borderline or dependent clients may tempt you to promise the moon or make heroic efforts on client's behalf ***Failure to keep unrealistic promises may trigger rage.
- Care plan may need to be renegotiated- keep the door open

postpartum.net/wp-content/uploads/2016/06/1E-White-and-Smith-Quick-Tips-for-Emotional-Wellness-Handout.pdf

Winingsih et al. (2021). Prevent postpartum blues with the implementation of breastfeeding father education model to increase the frequency of breastfeeding in mothers: A systematic review.



Helping a client sort through their options

- How far do we push? *Listen to your gut*
- *Be honest about the prognosis* and let them know what options are available
- *Referral to other professionals*
- *Throw in the towel*

How do you know when you're in over your head?

- Impasses- no longer responsive to suggestions
- Lack of knowledge/expertise- you don't have a thorough grounding on the issues
- No improvement- situation is not getting better
- The mother/parent's feelings
- Allow them to vent
- Validate their feelings
- Are you the end of the line?
- Higher risk clients- those who first line people couldn't help
- High expectations- you may be their "last hope" before they quit

Dealing with our feelings of failure & guilt

- Your feelings: *"If only I had....."*
- Apologize if needed
- Learn from your mistakes
- It's not always about you...
- *forgive & forget*
- Take Care of Yourself
- And if they are driving you nuts, remember...
"...personality disorder patients may not be as effective as other people in obtaining sufficient love, attention, and nurturance in the usual ways; they are more likely to resort to secondary gain." -Pare

When and how to refer

- Optional vs. critical referral
- Are they a danger to self or baby?
- Maintaining relationship with mother/parent
- Show concern about breastfeeding, baby's health, parent's well-being

Summary

- Is it a situational, mental illness or personality issue?
- Compassion will get you a long ways
- Keep the mother/parent's big picture in mind when formulating strategies
- Help them build a supportive network & develop coping strategies
- It isn't always about you
- *Sometimes you just have to let go*

DISCUSSION QUESTIONS

What do you think was one of your best moments in dealing with a difficult mother?

Describe a difficult situation that you did not handle so well. What you would do differently today?

What do you do to avoid burn out?