

Becoming a Mindful Mother

Applying acceptance and commitment therapy to maternal mental health

Occupational therapist Jo Adams, (currently on parental leave from her role in a community mental health centre in Hamilton), works in perinatal mental health and general adult mental health teams. She has worked in a variety of health settings in New Zealand, Asia and the United Kingdom. Jo is part of the New Zealand ACT training team, providing training workshops in acceptance and commitment therapy.

In the December 2012 edition of OT Insight, the first of a series of articles on acceptance and commitment therapy (ACT) was instigated by occupational therapist, Esthe Davis. In this first article, Esthe described the premise of third wave psychotherapy and discussed its relevance to occupational therapy practice. To review, ACT teaches skills to reduce the impact of automatic thoughts and unpleasant emotions/sensations on behaviour, promoting psychological flexibility (Hayes, 2005). ACT focuses on an individual's response to private experiences (thoughts, feelings, sensations, urges), and how these responses affect overall vitality, or suffering. That is, the functional context and workability of these experiences are more significant than their accuracy, frequency or other such attributes (Davis, 2012).

In this subsequent article, we now apply ACT to a specific occupational therapy role; working with clients in a maternal/perinatal mental health service. The perinatal phase is defined as the period relating to the beginning of pregnancy until one year following the birth. It is understood that during this period, women are at risk of experiencing a reoccurrence or onset of psychiatric illnesses, at an estimated level of 15% of all pregnancies (Ministry of Health, 2012). Given their efficacy and lack of side effects for mother and baby, one of the recommended treatments for perinatal anxiety and mood disorders is brief psychological intervention (New Zealand Guidelines Group, 2008). As previously described, ACT fits well with occupational therapy philosophy and foundations. As a form of therapy, it is well matched to this client group, who are generally eager to engage and move forward.

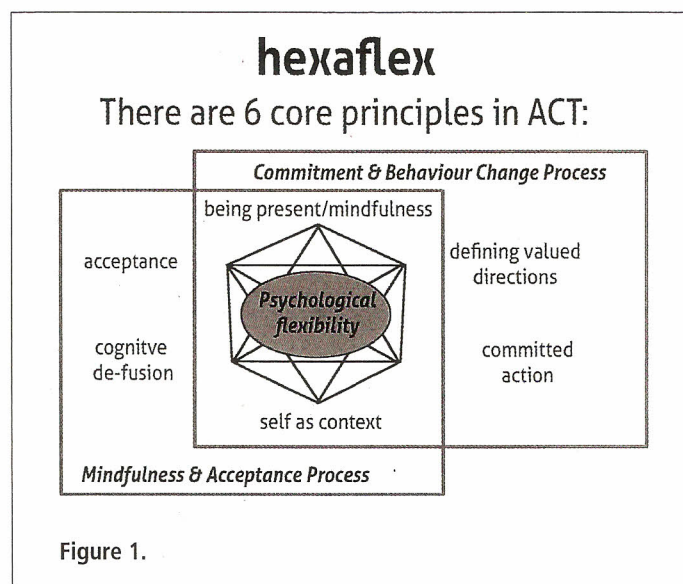
Although all parts of the ACT hexaflex (see Figure 1) can be utilised in any given session—and in any chosen order—client presentation guides where to begin, and where to place emphasis. With the perinatal client group, an identified need is for being **present/mindfulness**. Mindfulness is defined as, 'paying attention in a particular way; on purpose, in the present moment, nonjudgmentally' (Kabat Zinn, 1994, p.4) and is not unique to ACT.

With high levels of anxiety, a perceived lack of control, and role adjustment issues vying for attention, women are often not in touch with what is happening 'in the now'. Their energy is consumed with

trying to make thoughts and feelings 'go away', rather than experiencing them for what they are: natural, passing internal experiences. (This is conceptualised as **experiential avoidance** in ACT, the solution for which is **acceptance**).



Jo on an adventure at Tunnel Beach, Dunedin



Learning the skill of bringing attention to the present moment at any time when default coping methods are adding to (rather than alleviating) suffering, can enhance emotional well-being and help mothers to move forward - in line with their values. Sessions include formal training of mindfulness techniques and learning to apply the concepts to everyday life. For this client group, who often need to have eyes and ears open to the needs of children, we use mindfulness exercises that are designed around everyday tasks - doing the dishes or taking a shower. Slowing an activity down, such as a very slow walk on grass, creates the possibility of being mindful. Focussing on the present

moment, for example, when completing pleasant baby-care tasks, is used therapeutically to encourage a healthy maternal-infant relationship and to expand awareness of the variety of emotions present at these times.

A pilot study of a group of pregnant women participating in a mindfulness-based cognitive therapy group over 8 weeks found that **all participants continued to use mindfulness in their everyday lives up to several months following completion** (Dunn, et al., 2012). Likewise, **maternal mental health clients were observed to integrate mindfulness quickly into their lives and maintain informal practice beyond therapist intervention**. When an individual is practicing mindfulness regularly, they are reminded that each experience can be survived and is often different to how they might have imagined it, thus **adding to a person's adaptive strategies for coping with stress** (Duncan & Bardacke, 2010).

Learning to develop contact with the present moment enhances self-awareness and provides a platform for working on other aspects of the hexaflex, such as **cognitive defusion**. When working with Ms B, a woman who was pregnant with her second child and experiencing health anxiety in relation to her and her children, a series of mindfulness exercises were introduced and demonstrated in session. She was taught to scan through her body to notice sensations in detail. Changes in temperature, pressure, comfort, discomfort and numbness were noted. Subsequent thoughts, urges, memories and feelings were also noted. An attitude of willingness to experience these things with non-judgement was encouraged.

All ACT therapeutic processes are for the purpose of an individual living a life more in line with their chosen values:

focussed on an individual's value system and their inherent drive to act in line with their values.

Rather than aiming for symptom reduction

(struggling to reduce symptoms and distressing thoughts or feelings), ACT encourages a flexible, responsive approach to one's daily, human experience.

Rather than fearing the experience of 'feeling anxious', and trying to avoid it completely, Ms B learned to be present with the experience, and was able to observe in more detail the coming and going of each specific sensation, thought and urge (looking at one's thoughts, rather than from one's thoughts). This was significant to Ms B as she was then able to participate in valued activities in the community with her toddler, such as swimming, despite having distressing internal experiences when doing so.

Psychoeducation in ACT often involves the use of metaphors and experiential exercises (Smout, 2012). For example, the metaphor used to convey the concept of **acceptance** (the willingness to have thoughts/feelings/sensations) for Ms B is that of quicksand. If we get stuck in quicksand, the natural inclination is to struggle to move quickly out of it. However, that is exactly what you shouldn't do – the struggle makes you sink further and faster. Paradoxically, the best thing to do in quicksand is lie down and spread your weight over the greatest area. Similarly, when encountering a distressing thought, feeling, sensation or urge, the best way through it is not to fight and struggle, but to let it be there (Hayes & Smith, 2005).

Ms B personalised this metaphor

by relating it to teaching her son to float at the pool, 'when he's scared, he struggles in the water, but if he relaxes he can float, and he feels quite differently about the water'.

Values are clarified via discussions and imagery exercises, (eg. What kind of mother would you like to be?), and form the guiding path for the setting of goals. Maternal mental health clients respond well to the ACT approach of asking, 'What's the next step you could take to live more like the way you want to in the area of (relationships, work, recreation, health)' and to check on progress session by session (Smout, 2012).

ACT fits well with occupational therapy philosophy and is an effective form of therapy for maternal mental health clients, who are adjusting to the changes and challenges of pregnancy, birth and parenting.

Further reading and learning is accessible via internet sources and locally run courses.

References

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Recommended Reading

- Kabat-Zinn, M. & J. (1997). *Everyday Blessings: The Inner Work of Mindful Parenting*. New York: Hyperion.

Resources on: www.contextualpsychology.org



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