



*A bi-monthly broadcast
of things helpful and
interesting in local
clinical psychology.*

Editor's Message

Dear colleague,

The October Newsletter has a focus on post-natal depression. Each bimonthly newsletter includes (a) a summary of an article from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

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Literature Digest: Post-natal depression update

Incidence and Presentation: About 15% of women are likely to develop significant depression in the first few months after a birth. It also occurs in fathers. Post-natal depression (PND) has essentially the same presentation as major depression at other life stages. It includes worthless thoughts and feelings, a sense of hopelessness, anhedonia (reduced capacity for interest, joy, enthusiasm and love), disturbances in sleep and appetite, decreased energy and motivation and slowed cognition. In the post-partum period the focus of depressive rumination is often about being a bad parent and the anhedonia makes it hard for the parent to feel attached to their child, which the attracts depressive self-criticism and negative evaluation of oneself.

Causes: The incidence of depression in the months after a birth is three times that compared to other times, however, the causal mechanisms are still unclear. Research has inconclusively implicated the role of oestrogen, progesterone, thyroid and catecholamines. Correlates of PND include being younger than 18, being older than 40, an unwanted pregnancy and being in a social or relationship crisis around the time of birth.

Consequences and costs: The quality of life for the mother and her partner are significantly lower. PND often also affects the child-parent attachment and increases

the chance of problems in the child's emotional development.

Screening: The Edinburgh PND Scale remains the tool that the local colleges recommend. It can be downloaded from this practice website:
www.bastenpsychology.com.au/resources/

Management: Screening alone increases identification but not necessarily outcomes. The US Prevention Task Force study (2002) showed that assertive follow-up and enhanced care after screening does create better outcomes.

Optimal primary care recommendations include: (a) provide information and reassurance, (b) start affirmative treatment with an antidepressant and practical advice about getting more supports, (c) invite key supports to come to follow-up appointments, and (d) frequent follow-up with GP. Specialist services are available. It is worthwhile finding a practitioner close to your patients who has a developed interest and skill-set in peri-natal mental health. PANDA is an Australian organisation whose website provides information about depression and how to get help. Tresillian can also be very helpful when the mother needs help with sleep, settling or respite.

Pignone MP, Gaynes BN, Rushton JL, et al. (2002) Screening for depression in adults: a summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med.* 136:765–76.



Interview with a Clinical Psychologist

DANIA SAAB (M.Psychol.)

Dania's main areas of interest and depth of clinical experience

are in childhood problems, infant-child attachment and maternal wellbeing. She is one of the senior clinicians at PsychStuff4Kids – the child and family arm of the practice.

Q: What attracts you to working with parents and the parent-child relationship?

A: I am passionate about giving children the best start in life and that includes empowering parents and strengthening the child-parent relationship.

Q: Having worked in a community health centre for many years and then a child and family practice, what are the most

common presentations for help?

A: The most common presenting problems are anxiety and behaviour problems within the wider contexts of parenting and family struggles.

Q: What are your top tips for new mums if they experience depression?

A: Talk to your GP or early childhood nurse to access help. There is a wealth of resources and supports available. If that feels too challenging, tell a loved one and seek their support in talking to your GP about it.



"If you know someone who's depressed, please resolve never to ask them why. Depression isn't a straightforward response to a bad situation; depression just is, like the weather."

– Stephen Fry

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

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Series on Motivating Patients

Motivating patients to change behaviour.

Part 5: Using 'Motivational Interviewing'

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a *serialised* account of numerous strategies to increase motivation for change in our patients. In every section, two assumed 'cases' are used for illustration.

"Rob" is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can't recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

"Karen" is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can't meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

Using Motivational Interviewing Part C: 'Rolling with Resistance'

The themes and tone of Motivational Interviewing have been noted in previous emails. The gist of the process is to use a flexible, patient-focused dialogue to increase the person's motivation to increase health behaviours. This article focuses on how to respond to resistance or arguments or 'yes but...' responses from our patients.

The caution to keep in mind is that if we respond poorly to our patients' resistance, we can end up with more of it. When a patient is already struggling to follow sage advice, lecturing or critical comments or repeating the same rationale that we have used before all have the effect of pushing the patient away. So what are the

alternatives? Here are some ideas from Motivational Interviewing:

Step away from head-to-head disputes and debates.

Offer a partial agreement. Find something to agree with, while empathising with the patient's point of view.

Share the dilemma with the patient.

Return to a 'Core Value'. You would have already worked out what their core values are (see the module on values and future projection). Ask the client to choose their own way forward that is in line with *their* values. It feels less like a lecture and more just a reminder of what *they* want for themselves.

Here are some examples with our patients. We might say to Karen, "I hear what you are saying – the fact is that you do feel like putting your son first – before your own health and finances. But then you can't look after his kids if you get sick. So, what are your options in this dilemma? Shall we talk about that and work out how to make some decisions that fit your desire to be there for the grandkids?"

For Rob: "So Rob, we have both acknowledged how hard it is to think about diet and BSLs every single day of every month. And we both know that if you don't manage this, the health consequences will accumulate and you will get really crook. So, where does that leave you? How do you see a way forward from this dilemma? Whatever options we consider, we need to be realistic (because it's hard) and we need to pick ideas that are in line with your main goal of being alive and healthy long enough to look after your family".

Next article in December:

The final section on Motivational Interviewing: 'Building Confidence'.

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