

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Irritability in Perinatal Mood and Anxiety Disorders

Danielle A. Swales, Ph.D.

University of North Carolina at Chapel Hill

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Danielle A. Swales, Ph.D.



Dr. Swales is a provisionally licensed psychologist and postdoctoral fellow in the Reproductive Mood Disorders T32 program at the University of North Carolina at Chapel Hill. She earned her doctorate in clinical psychology from the University of Denver before completing her pre-doctoral internship at Children's Hospital Colorado.

Her research investigates the biopsychosocial etiology of perinatal mood disorders and impact on child development. Her clinical practice emphasizes cognitive-behavioral and third wave treatments for emotion dysregulation and mood and anxiety disorders in the perinatal period.

Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose

Learning Objectives

1. Describe three clinical features of irritability in the perinatal period.
2. Identify at least one biological and one psychosocial predictor of perinatal irritability.
3. Discuss two clinical strategies to assess and treat irritable mood in pregnant and postpartum populations.

Outline



Clinical phenomenology of
perinatal irritability



Clinical presentation and
treatment challenges



Recommendations for
assessment and treatment

Prenatal Mood and Anxiety Disorders

- 8.5-20% of pregnant individuals suffer from perinatal mood and anxiety disorders¹⁻³
- Most research and clinical work has focused on perinatal depression and anxiety



Perinatal irritability, rage, and anger

SELF

 Fitness  Food  Health  Love  Beauty  Life  Conditionally  Shopping

When Postpartum Depression Shows Up as Intense Anger

It doesn't always manifest as sadness or despair; here's what you need to know to get the support you deserve.

By [Jessica Migala](#)

December 1, 2022

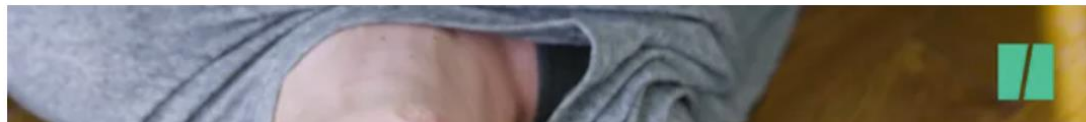


Postpartum Rage Is The Brutal Symptom Of Depression And Anxiety No One Talks About

Many moms are suffering alone.

By [Natalie Stechyson](#)

Jul 5, 2019, 10:43 AM EDT | Updated Sep 3, 2019



Postpartum rage: after giving birth, feelings of frustration and fury took me by surprise

Gabrielle Innes

I felt all-consuming love for my daughter - but small discomforts like the heavy footsteps of an upstairs neighbour left me fuming



Perinatal irritability

- **Irritability** is a drastically underrecognized yet prominent feature of perinatal distress¹⁻²
 - Defined as a **lowered threshold** for experiencing frustration and responding with anger and/or aggression to typically less-provoking stimuli³

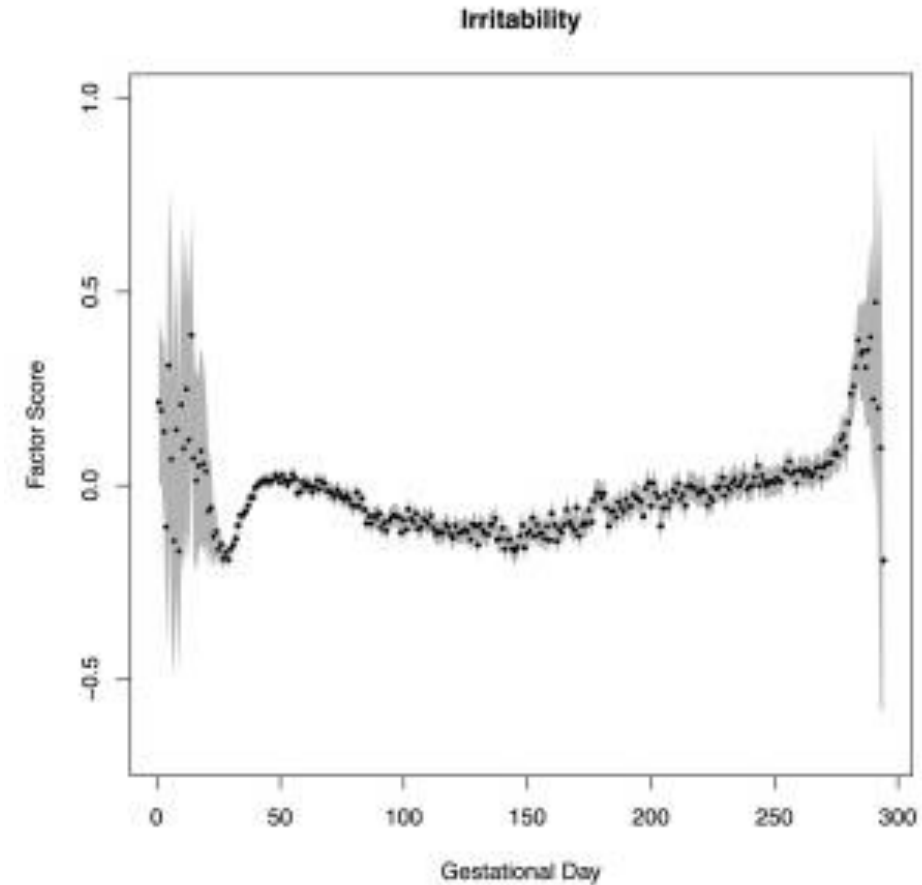


1 – Swales et al. (2023). *Journal of Health Service Psychology*; 2 – Born & Steiner (1999). *Archives of Women's Mental Health*;

3 – Toohey & DiGiuseppe (2017). *Clinical Psychology Review*

Irritability is common in pregnancy

- Pregnant and postpartum individuals endorse irritable mood at higher rates than non-parous controls¹⁻⁵
- In a large study of over 300,000 smartphone app respondents, irritability emerged as a prominent mood factor during pregnancy⁶



Irritability is transdiagnostic

- One of the most common symptom in the DSM-5

Irritability and related constructs in DSM-5

| Irritability | Anger | Aggression |
|---|---|--|
| Generalized Anxiety Disorder Bipolar Disorder I and II Cyclothymic Disorder Disruptive Mood Dysregulation Disorder Major Depressive Disorder Persistent Depressive Disorder Premenstrual Dysphoric Disorder Reactive Attachment Disorder Posttraumatic Stress Disorder Acute Stress Disorder Oppositional Defiant Disorder Cannabis Withdrawal Tobacco Withdrawal Antisocial Personality Disorder Borderline Personality Disorder | Disruptive Mood Dysregulation Disorder Premenstrual Dysphoric Disorder Posttraumatic Stress Disorder Acute Stress Disorder Oppositional Defiant Disorder Cannabis Withdrawal Stimulant Intoxication Tobacco Withdrawal Paranoid Personality Disorder Borderline Personality Disorder | Disruptive Mood Dysregulation Disorder Posttraumatic Stress Disorder Acute Stress Disorder Intermittent Explosive Disorder Conduct Disorder Alcohol Intoxication Cannabis Withdrawal Inhalant Intoxication Sedative, Hypnotic, or Anxiolytic Intoxication Antisocial Personality Disorder |

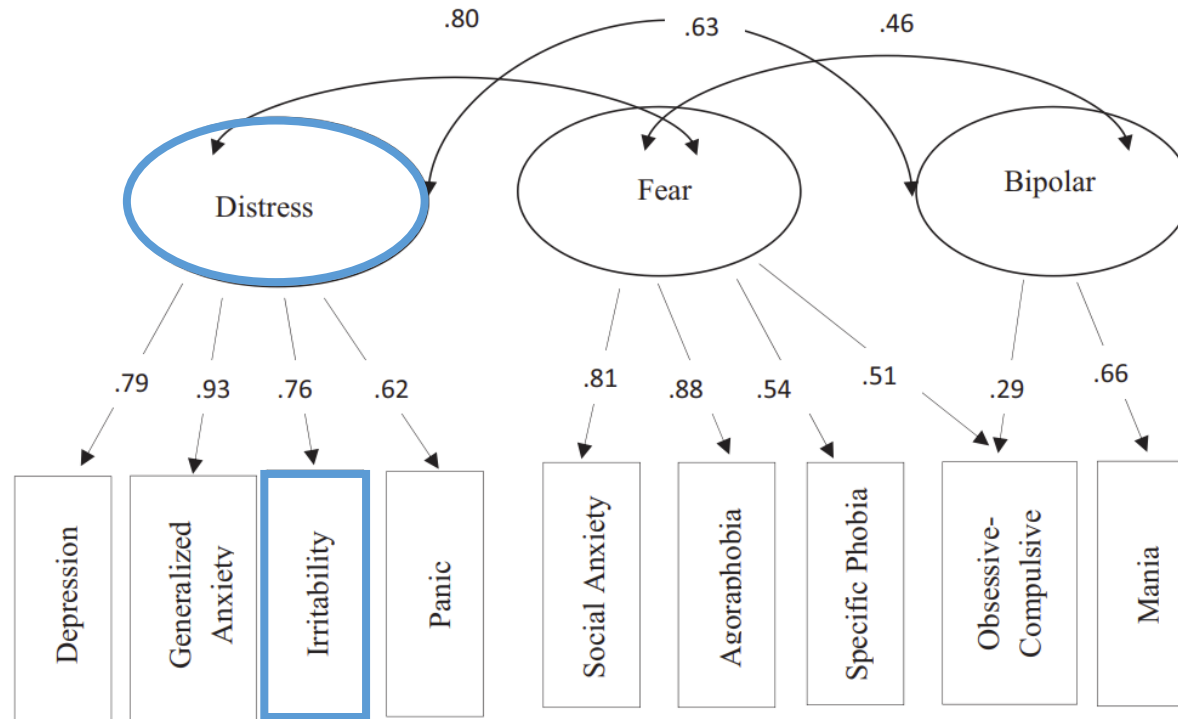
Irritability is common in depression

- Irritability occurs in over half of Major Depressive Episodes in the general population¹
 - Irritable mood and anger are frequently observed in individuals with perinatal depression²⁻⁴



Irritability co-occurs with other symptoms of perinatal distress

HiTOP Confirmatory Factor Analysis in Pregnancy



Perinatal irritability can be highly disruptive

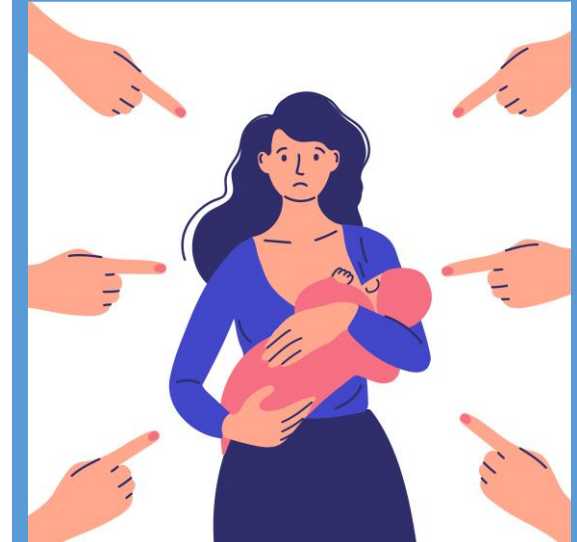
Undermine Social Support



Anger Towards Children



Guilt and Shame



Outline



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Perinatal irritability and anger

*I have “a lot **shorter fuse**, I **flip at the smallest of things**” (p. 523)¹*

*“It’s anger at first and then I would get sad. I don’t want to show that I’m mad... I think I’m too scared to make other people upset and so I don’t. Like my fear of making people upset is more than me wanting to tell people. I feel like I **don’t really know how to control my anger or how to get rid of it or lower it down**. I don’t lash out at anybody but in my head it’s like very overwhelming, sometimes when I get mad” (p. 1788)²*

*“It’s like I just can’t get nothing done, and everything just piles up on you. The faster you get something done, the faster something else piles back up on you, you know. Like, God, you know? I probably get way **overwhelmed** with all this work and pressure... Your work needs your full attention, and your kids need your full attention. You know, you’re just like pulling. It’s like one’s going one way pulling the other, you know... nerves, aggravation, it all just combines at one time and you just want to go POW. Just **explode everywhere**” (p. 82)³*

*“You cannot sleep at all at night. Every two or three hours you have to get up to feed the baby. I am exhausted and **easily lose my temper** because of sleep deficiency.” (p. 307)⁴*

*“After a while, my **sadness became aggression**. I became angry when I was by myself with the children, and feared I would spank them” (p. 6)⁵*

*“The night before last night I got **angry for no reason**, I got angry for what my husband said. I was **feeling so irritable**. I was never like that before.” (p. 8)⁶*



Putting irritability in context

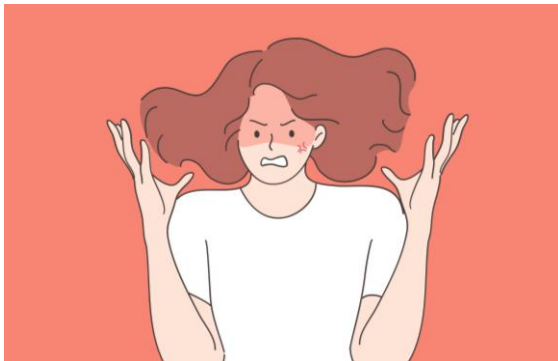
- Irritability, like any mood symptom, provides patients with important information about themselves and the world
- Irritability can be adaptive in some contexts ...
...and can be highly distressing and disruptive in others



Heterogeneity in irritability expression

Outwardly directed

- Overt expression of irritability tends to be episodic
- Frustration and anger can be directed towards close social contacts, the newborn, and older children^{1,2}



Inwardly directed

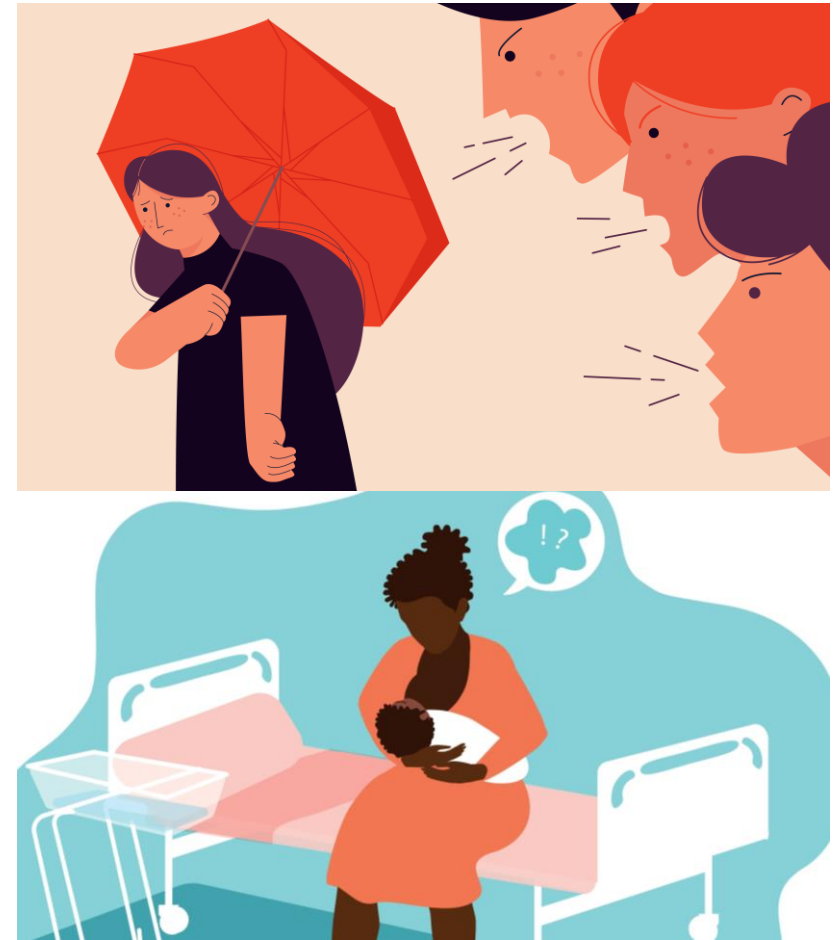
- Suppression of persistent irritability can be highly effortful
- Inwardly directed anger is a risk factor for postpartum depression³ and poor interpersonal outcomes⁴



Stigma and barriers to disclosure

- Societal messages related to emotional expression in women^{1,2}
- Mental health stigma
- Mismatch between expectations and experiences of parenthood^{3,4}
- Pejorative stereotypes^{2,5,6}

The culturally responsive clinician must be attentive to these barriers at the intersection of race and gender



Outline



Clinical phenomenology of
perinatal irritability



Clinical presentation and
treatment challenges



Recommendations for
assessment and treatment

Screening for irritability

- The most common screening tools do not ask about irritability:
 - Edinburgh Postnatal Depression Scale (EPDS)¹
 - Patient Health Questionnaire-9 (PHQ-9)²
 - General Anxiety Disorder-7 (GAD-7)³

Providers should ask about irritability directly



Navigating barriers to disclosure



Validate



Normalize



Provide psychoeducation



Collaborate



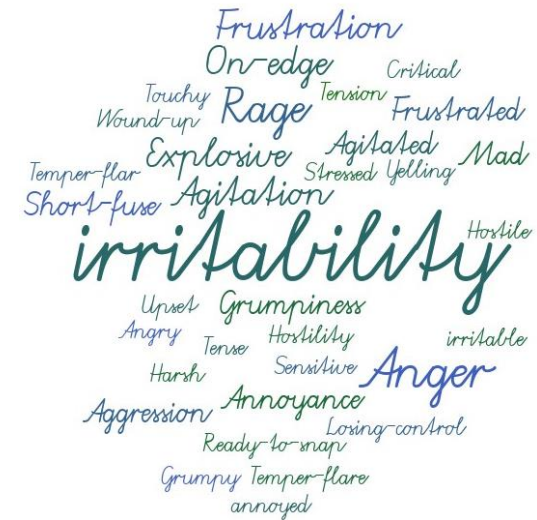
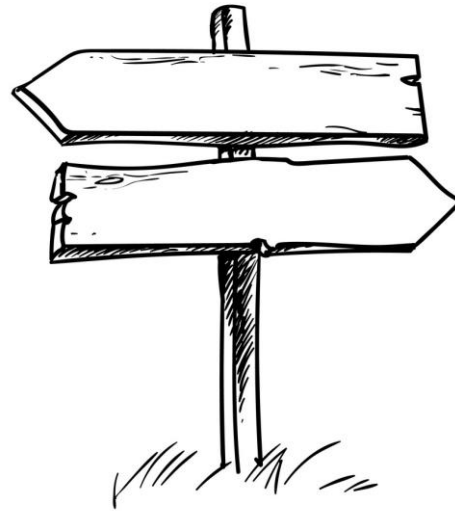
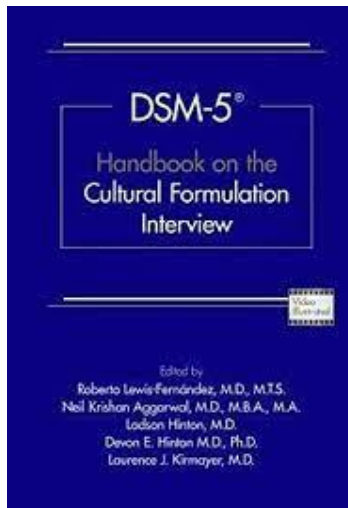
Kleiman, K. & McIntyre, M. (2019). *Good Moms Have Scary Thoughts*. Familius. Image retrieved from https://www.huffpost.com/entry/good-moms-have-scary-thoughts-comics_n_5c094ee4e4b0bf813ef523fc



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Intake evaluation

- Evaluate patients' cultural understanding of the problem¹
- Complete a diagnostic evaluation and differential diagnosis²
- Build a shared language to discuss patients' symptoms

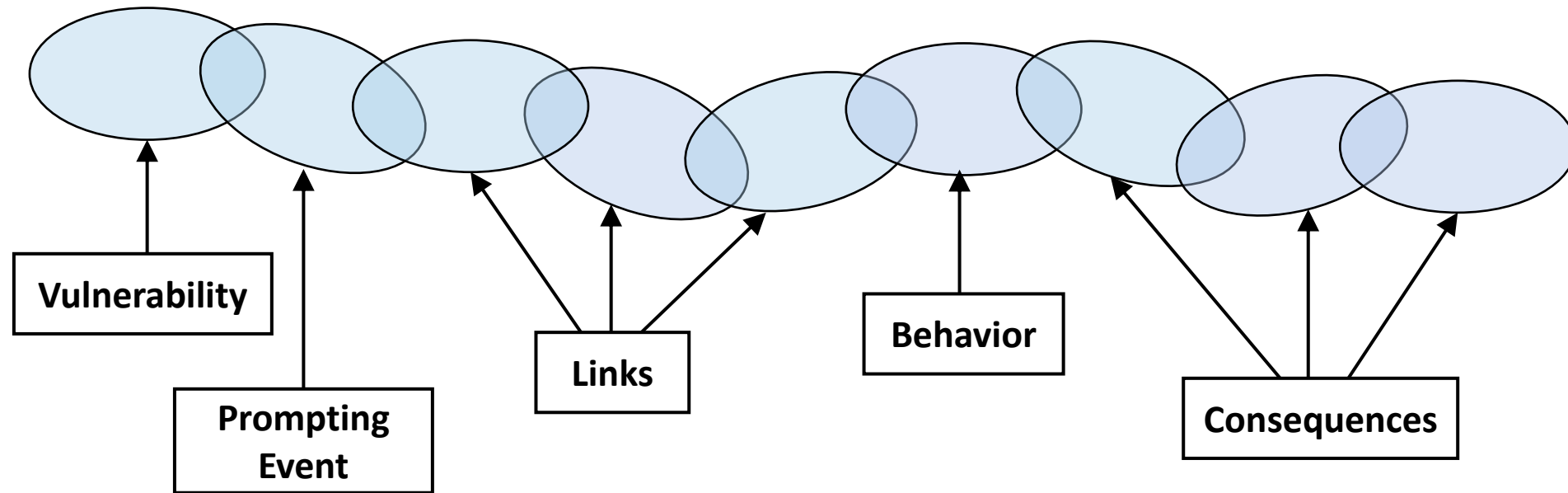


Psychometrically supported assessment tools

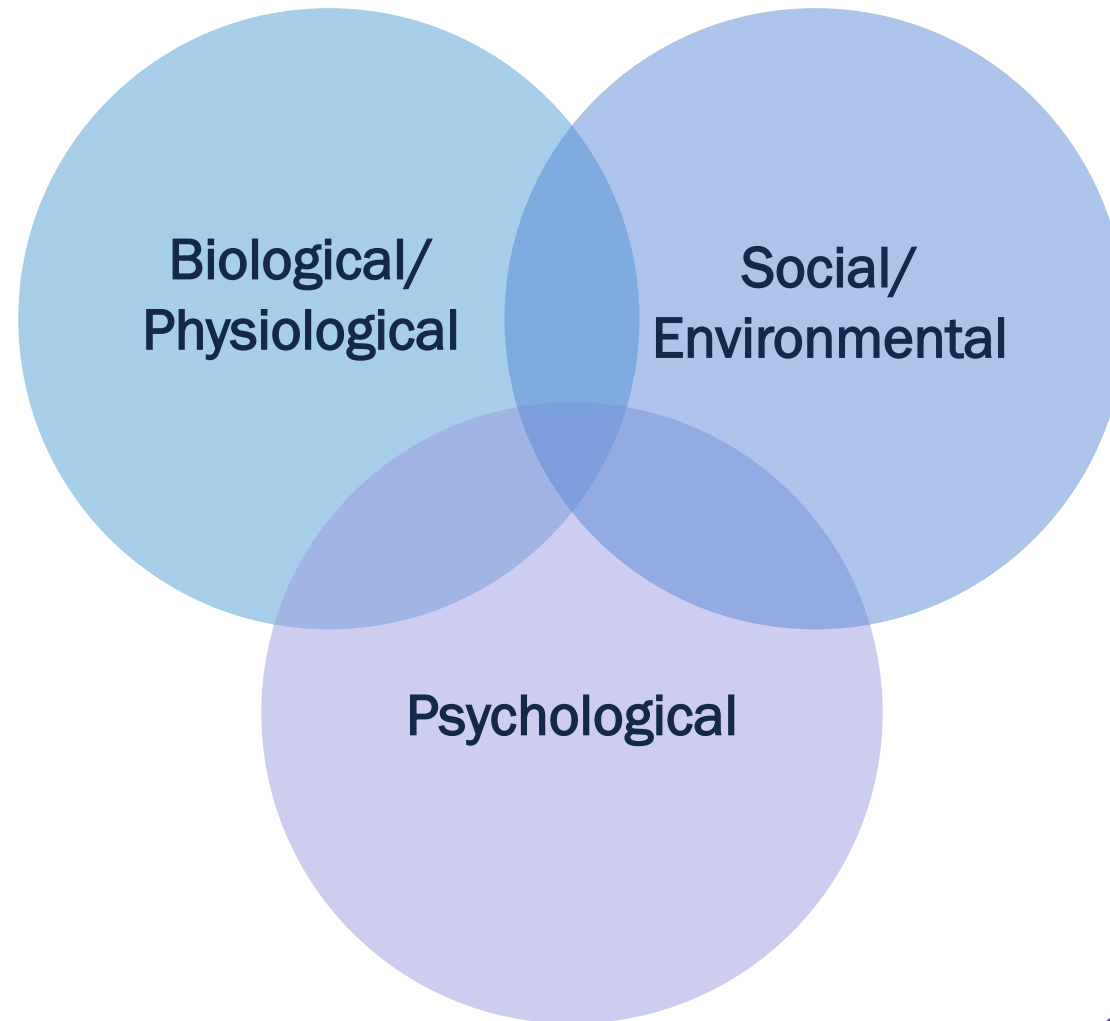
- Inventory of Depression Anxiety Symptoms (IDAS)¹
 - Includes an ill-temper scale
- Brief Irritability Test (BITe)²
- Born-Steiner Irritability Scale³
 - Includes a self-report and clinician rating scale



Functional analysis of behavior

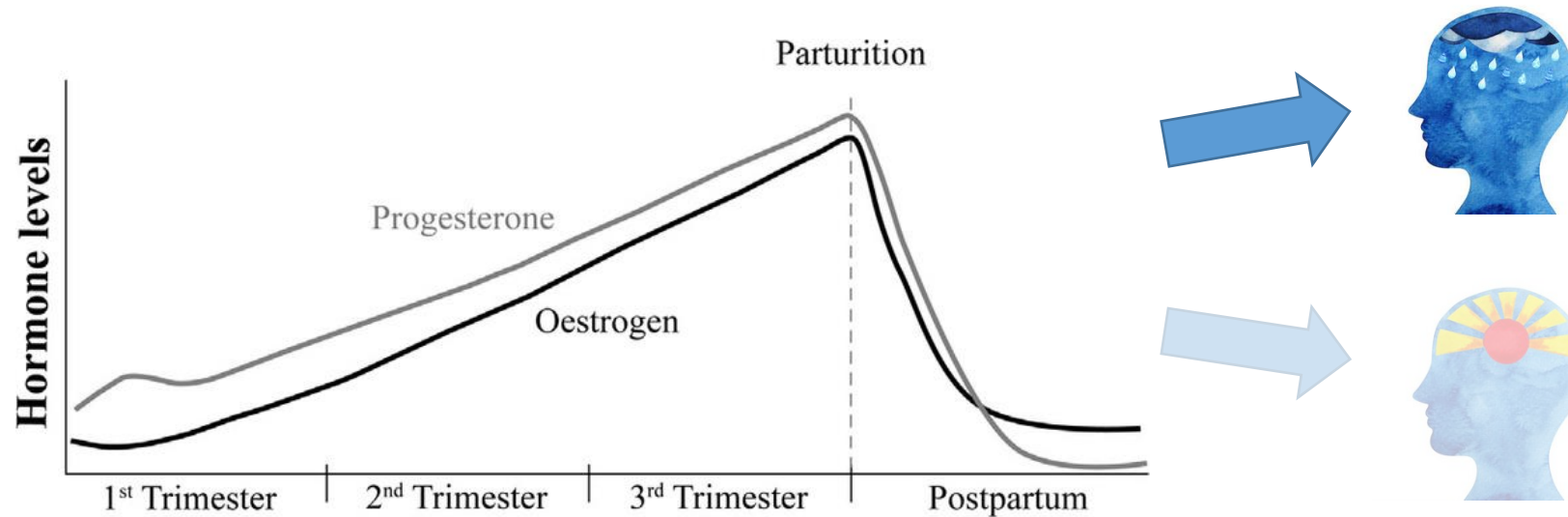


Building a biopsychosocial case formulation

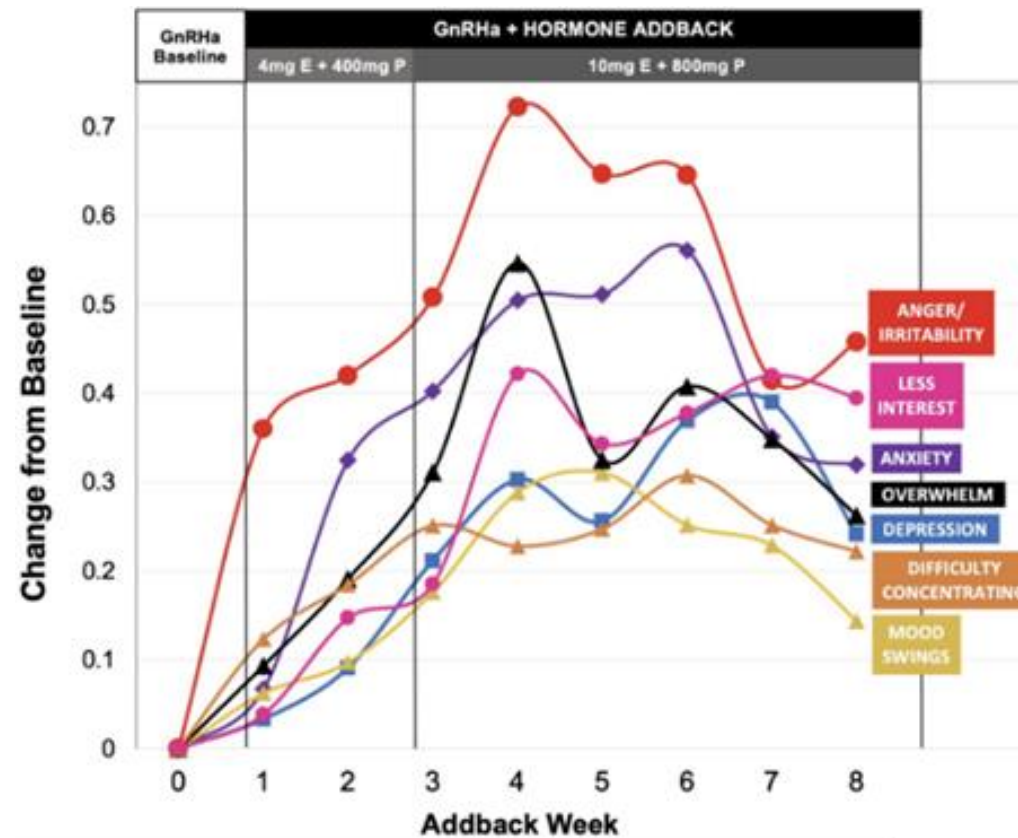


Irritability and hormonal changes of pregnancy

- Periods of **reproductive hormonal change** can drive the onset and exacerbation of irritable mood in some but not all individuals¹⁻³

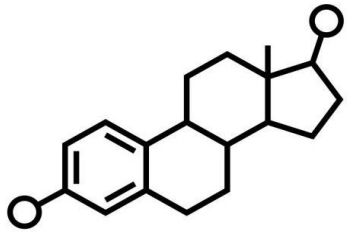


Irritability is provoked by the hormonal changes of pregnancy in some birthing people



Biological risk and protective factors

Hormones



Sleep



Nutrition



Genetics & Epigenetics



Substance Use



Psychosocial risk and protective factors

- **Social processes** (e.g., increased caregiving demands, interpersonal conflict, social support,)
- **Cultural factors** (e.g., sociocultural systems of power and privilege)
- **Environmental context** (e.g., adverse life events, housing instability, food insecurity)
- **Psychological processes** (e.g., cognitions, beliefs)



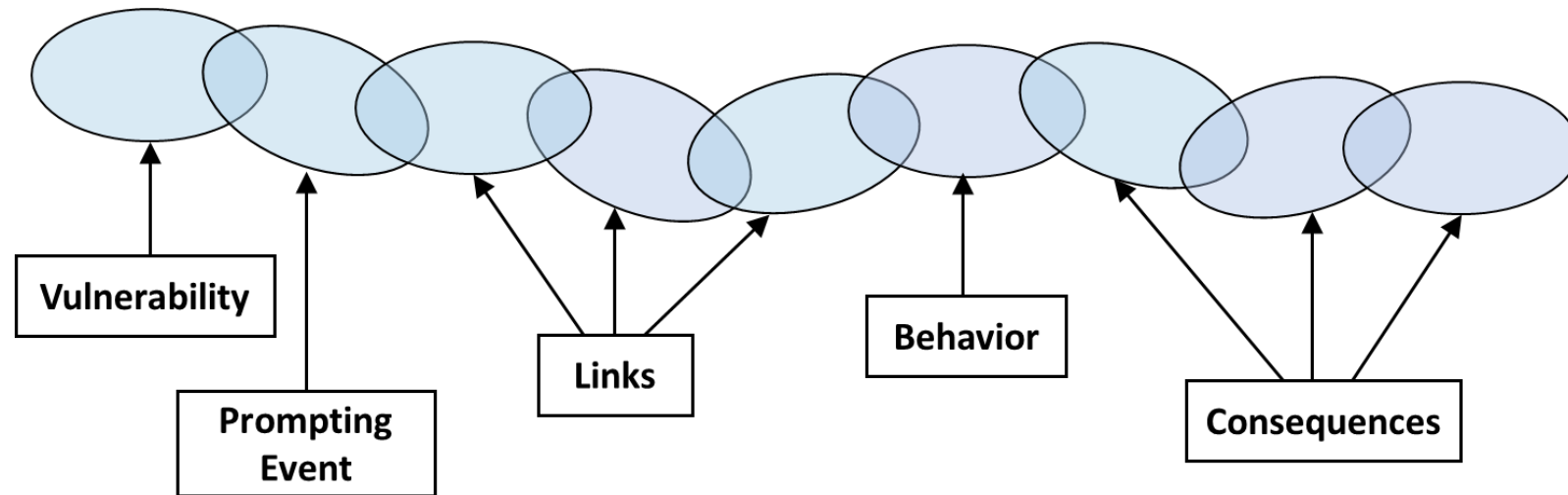
Interventions for perinatal irritability

- Several therapeutic modalities have been validated in the treatment of perinatal mood and anxiety disorders, including **CBT, ACT, DBT, BA, IPT, and MBI**¹⁻⁷
- These EBTs have also been shown to be effective in reducing irritable mood and emotion dysregulation
- Need for high-quality RCTs targeting irritable mood in perinatal samples



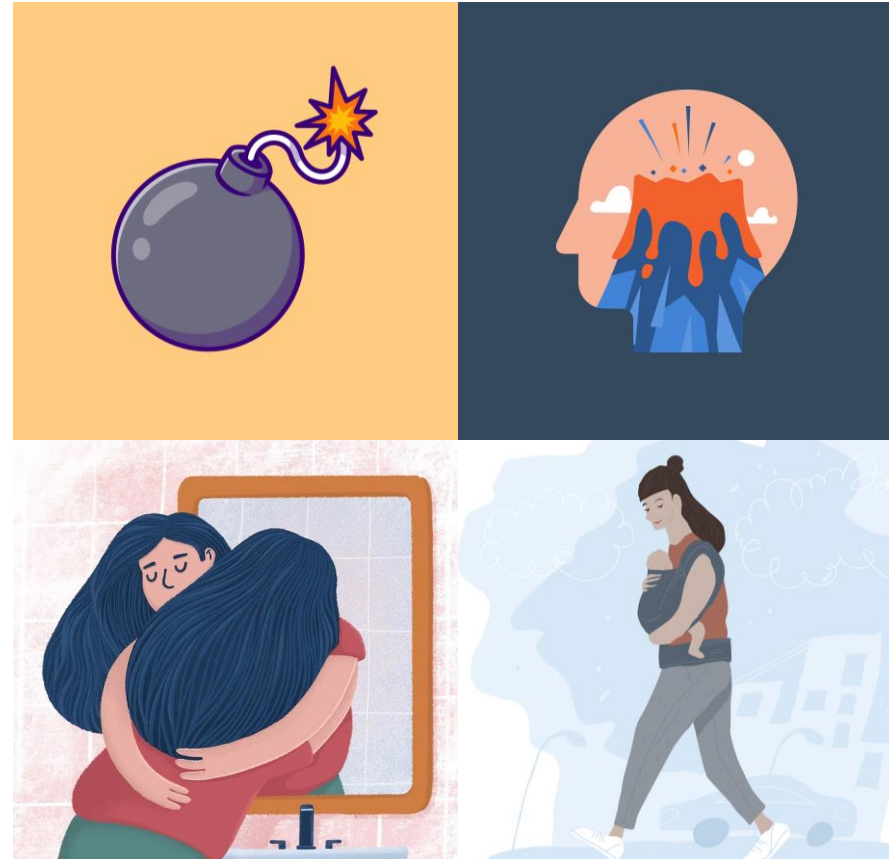
Building insight and awareness

- Building insight (e.g., mood tracking, chain analysis)¹
- Cultivating non-judgmental awareness²⁻³



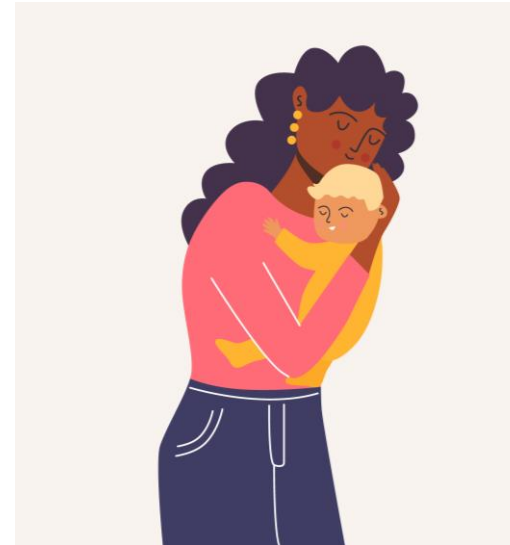
Antecedents, beliefs, and behaviors

- **Reducing vulnerability** (e.g., sleep, nutrition)
- **Changing unhelpful beliefs** (e.g., cognitive restructuring, cognitive defusion)¹⁻²
- **Exercising self-compassion**
- **Promoting adaptive behavior change** (e.g., distress tolerance and emotion regulation skills, behavioral activation)³⁻⁴



Targeting interpersonal factors

- Fostering interpersonal effectiveness (e.g., advocating for needs of support)¹⁻²
- Accessing effective social supports²⁻³
- Building healthy attachment relationships in the mother-infant dyad⁴



DEAR MAN

Describe
Express
Assert
Reinforce

Mindful
Assertive
Negotiate



Conclusions

- Irritable mood is common in PMADs and should be screened for
- Perinatal irritability is highly heterogenous in its etiology and expression
- Providers should consider what extent it is adaptive and in what contexts it requires treatment
- Existing EBTs can be leveraged to address the needs of birthing people experiencing irritability



Clinical Resources

General

- **Postpartum Support International**
(www.postpartum.net)
 - PSI HelpLine (1-800-944-4773)
- National maternal mental health hotline:
 - 1-833-TLC-MAMA (1-833-852-6262)
- **Black Mamas Matter Alliance**
(www.blackmamasmatter.org)



Assessment Tools

- Cultural Formulation Interview (CFI)
- Inventory of Depression and Anxiety Symptoms (IDAS; Watson et al., 2007)
- Brief Irritability Test (BITe; Holtzman et al., 2015)
- Born Steiner irritability scale (Born et al., 2008)

Clinical Articles

- Swales, D. A., Hellberg, S. N., Hopkins, T. A., & Schiller, C. E. (2023). Hiding in Plain Sight: Assessment and Treatment of Irritable Mood During Pregnancy and the Postpartum Period. *Journal of Health Service Psychology*, 1-13.

Q&A With Dr. Swales



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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