PERINATAL SCARY THOUGHTS ACTION ALGORITHM

Patient presents with scary intrusive thoughts

Determine the nature of her scary thoughts to rule out suicidal ideation.

Proceed with suicide protocol

Assess to determine degree to which distress interferes with functioning. Consider patient’s desire for treatment and/or her ability to tolerate the symptom. Is she anxious about these thoughts? Does she express guilt? Shame? Panic?

Does not appear distressed with these thoughts. Rule out psychosis and refer for immediate medical intervention

Provide psychoeducation regarding the nature of scary thoughts and the presence of unwanted intrusive images, impulses and thoughts during the perinatal period. Explain clinical implications and her worry vs our worry; how her distress is clinically relevant and reassures us that these thoughts are anxiety-driven (not psychotic). Provide reassurance and information to validate distress and educate her on the sustaining and hard-to-treat nature of scary thoughts.

Provide options for treatment and make appropriate referral. Consider more than one option.

1. Supportive Psychotherapy
2. Cognitive Behavioral Therapy
3. Self-help interventions for acute anxiety
4. Antidepressant medication
5. Anti-anxiety medication

Refer for medication evaluation and management if appropriate

Please refer to “The Art of Holding in Therapy: An Essential Intervention for Postpartum Depression and Anxiety” for specific scripts and holding techniques for management of scary thoughts.