



Efficacy of cognitive behaviour therapy for the treatment of postpartum psychosis with suicidal attempt: A case report

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Abstract

The outcome of Cognitive Behavior Therapy (CBT) in respect to management of suicide has been encouraging as revealed by various researchers. The present study attempts to highlight the role of CBT in the management of a 32 years old, female, housewife with postpartum psychosis with suicidal attempt. She was treated with CBT approach. A single case design with pre-and post-therapy assessment was done. Significant improvement occurred after 10 sessions of cognitive behavioral interventions. Patient was found functioning normally after 3 months of follow-up. The findings of present study indicated the effectiveness of cognitive behavior therapy in treatment of postpartum psychosis (having symptoms of schizophrenia) with suicidal attempt.

Keywords: suicide, cognitive behavior therapy, mental health

Introduction

A person may commit suicide during a depressive episode, or in a psychotic episode due to hallucination or frustration. Some also attempt suicide by giving a rational and some due to the cause of excitement^[1]. Individuals attempt suicide as a direct result of command hallucinations, or voices from within^[2,3]. Considering this approach, cognitive behavioral intervention has done to see its efficacy in the treatment of a patient suffering from suicidal attempt due to hallucination. So, in the journey of life sometimes or other someone attempt suicide. But we do not lose our hope. Psychologist try to extend their helping hands to give some magic remedy by cognitively developing the mindset through finding a way to live meaningful and successful life.

Materials and methods

Case Summary

A 32 years old, married, female, studied up to graduation, Hindu, Odia speaking, from a middle socio-economic rural background of Cuttack, Odisha came with his husband (reliable informant) to Outpatient Department of Mental Health Institute having chief complaints of talking to self, not taking care of her child properly, decreased self-care and other family member from around last 1 month. During past 1 week she had tried to kill her own baby, attempted suicide twice. So, she got admitted immediately in the indoor of mental health institute.

Assessment

From clinical interview it was found that after delivery, she had difficulty in onset of sleep, later he could not sleep for 3 hours even. She didn't engage in watching TV, gossiping with friend and family members or any other recreational activities. Then she started to talk to self and didn't took care of her new born baby.

Gradually she also didn't take care of her and other family members. As voice told her to kill her baby and otherwise her husband will die, she tried to kill her baby. She also tried to commit suicide by pouring hot oil on her body due to the voice. Hence family member took her MHIOPD to get therapy. Based on pre-therapy assessment, the short-term goals of the intervention were developing a good therapeutic alliance, bringing symptomatic management, increasing activity level, clarifying relationship between command hallucination and its effect on life (if she act as per command hallucination), helping to develop alternative, increasing confidence, concentration and coping ability. Long term goals of the intervention were regular follow-up and relapse prevention.

Management

A single case design was used. The intervention programme was done as per Samos^[4]. It consisted of the following components: psych education, behavior analysis, activity scheduling, socialization throughout therapy to decrease helplessness and homework. Intervention was given by the first author who was a clinical psychology trainee in the department of clinical psychology of Mental Health Institute, SCBMCH.

The therapy was administered in 10 sessions of one-hour duration over 12 weeks with proving rational of each technique to patient and informant. Initially they were educated about nature of illness, course, causal factors and treatment available for the illness. They were explained about the medical model and side effects related to medication. She was told even that most of patient get comments from voice, but important thing is to whether patient should carry out the comments or not. She was told that having mental illness does not mean that it will remain

lifelong as part of his personality. She was informed that it results when individual is not able to cope effectively with stressful situations as a result certain changes in body, behaviour, emotion and personality occur, which is temporary in nature. Once the coping is developed, she will come to see that her emotions and behaviour will come under normal range. They were explained about the predisposing factor, precipitating factors and maintaining factors that caused the problem. This was done to convey to the patient about the therapist conceptualization of her problem. It will facilitate cooperation of the patient in treatment process. The problem areas identified will increase patient's understanding and awareness of his problem. He will be able to understand his treatment in better way.

Symptomatic management were done by telling both informant and indoor staffs to be attentive and to focus their five-sense organ on the patient and her activities. So that if the patient attempt suicide or try to make any problem for her baby or family member, then they will detect it at the earliest point. Socialization throughout therapy had done by attributing the positive changes to the patient's own efforts. In the next session, the activity schedule was prepared discussing with the patient after finishing the behaviour analysis. By this therapist made initial analysis of problem behaviour, clarification of problem situation, motivational, developmental analysis, analysis of self-control and relevant social relationship and socio-cultural and physical environment.

Homework was given to do in between session. Among thinking about what will happen if I carry out the present comment of voices, doing specific activity while voice give comments, motivating herself to not to carry out voices order.

Results and Discussion

Significant improvement occurred after 10 sessions of cognitive behavioral interventions. Patient was found functioning normally after 3 months of follow-up. Cognitive therapy is based on the cognitive model, which hypothesizes that people's emotions and behaviors are influenced by their perception of events. It is not a situation in and of itself that determines what people feel but rather the way in which they construe a situation^[1]. In the index case also, it has occurred. The findings of this study highlight the role of CBT in the management of suicide. Behavioral techniques were effective in normalizing the day-to-day activities

Conclusions

The present study highlights the efficacy of CBT in patient with psychotic with suicidal attempt. But as it is a single case study with a short-term follow-up, there is need to carry out research on large sample. So, a long-term follow-up is needed to evaluate the efficacy of the CBT.

References

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