



# INTRUSIVE THOUGHTS OR PSYCHOSIS?

Identifying Perinatal OCD

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# Disclosures

- I and/or my spouse/partner have NO personal or professional financial relationships with commercial interests that could be perceived as a conflict of interest related to the content of this activity.
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# Learning Objectives

1. Understand characteristics of obsessive-compulsive disorder.
  2. Differentiate between intrusive thoughts and psychosis.
  3. Increase knowledge of resources for perinatal OCD.
  4. Increase knowledge of evidence-based treatments for perinatal OCD.
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# Perinatal OCD

eye on them both at once which developed into a fear of some kind of harm coming to them due to my lack of ability to keep them safe. I remember feeling anxious about putting my baby in her moses basket underneath anything that could potentially fall on her, a partially reasonable fear but one I became obsessed with. I also developed a high anxiety around hot drinks around my children, I can vividly remember sitting having a cup of tea and then a thought came into my mind of boiling hot water being thrown over my husband and baby daughter who were playing together on the carpet. This stopped me in my tracks, my mind was reeling, what is wrong with me? Why would I think that? Does this mean I was going to throw water over them?

- [Success Stories – Welcome to Maternal OCD](#)
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# Obsessive Compulsive Disorder (DSM5-TR)

Obsessions are defined by both of the following:

*Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.*

*The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).*

Compulsions

*Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.*

*The behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.*

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# OCD in General Population

- Prevalence

*12-month 1.2%*

*Lifetime 2.3%*

- Slightly more common in females
- Modal age of onset in females 20-29 years of age
- 57% concordance in monozygotic and 27% in dizygotic twins
- Course is often chronic, waxing and waning

*Symptoms exacerbated by stress*

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# Continuum of Intrusive Thoughts

- Research with nonclinical populations find that nearly all people experience some degree of intrusive thoughts
  - Numerous studies have found nearly all parents (both mothers and fathers) experience unwanted, distressing intrusive thoughts  
*Up to 100% in some studies*
  - Impact on functioning
  - Subjective distress
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# Common Intrusive Thoughts

- Running a car off the road
  - Hitting animals/people with car
  - Swerving into traffic
  - Insulting strangers
  - Insulting family
  - Hurting family
  - Accidentally leaving heat/stove on
  - Home left unlocked, intruder there
  - Sex with an unacceptable person
  - Sex with authority figure
  - Authority figures naked
  - Strangers naked
  - Sex in public
  - Disgusting sex act
  - Catching an STI
  - Giving everything away
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# Perinatal OCD

- DSM specifiers for peripartum onset

*Depressive disorder*

*Bipolar and related disorders*

*Brief Psychotic Disorder*

- Perinatal OCD as distinct disorder

*Research is mixed*

*Some commonalities in intrusive thoughts during pregnancy and postpartum*

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# Perinatal OCD

- Women believed to be at 1.5 to 2 times higher risk of OCD during perinatal period
  - Average prevalence
    - Pregnancy 2.9%*
    - Postpartum 7.0%*
  - Point prevalence peak of 8.7% at 8-weeks postpartum
  - Meta-analysis 2.3% pregnancy, 1.7% postpartum, 2.2% overall
  - Change of diagnostic criteria from DSM IV-TR to DSM5
    - Higher rates in studies using DSM5 criteria*
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# Common Intrusive Thoughts in Perinatal Population

- Thoughts of suffocation/sudden infant death
  - Thoughts of accidents
  - Unwanted thoughts of intentionally harming the infant
  - Thoughts of losing the infant
  - Illness
  - Unacceptable sexual thoughts
  - Contamination
-

# Compulsions

- Less common in perinatal OCD compared to non-perinatal OCD

*Checking*

*Reassurance seeking*

*Avoidance*

*Mental compulsions*

- May not be perceived as excessive
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Intrusive Thought (Obsessions)	Response (Compulsions)
Drowning baby	Avoid bathing baby; Have another person present to bathe baby; Avoid being alone with baby; Attempt to suppress thoughts; Reassurance seeking
Cutting baby	Avoid sharp objects while caring for child; Stop cooking with knives; Remove sharp objects from home; Attempts to suppress thoughts; Reassurance seeking
Sexually abusing baby	Avoid changing diapers; Avoid being alone with the infant; Avoid bathing the infant; Confessing; Attempts to reassure self; Reassurance seeking
Dropping baby	Have another caregiver carry baby downstairs; Avoid walking with child

# Impact on Functioning

- Impaired social functioning
  - Marital difficulties
  - Increased healthcare utilization
  - Financial problems
  - Impaired work functioning
  - Infant bonding
  - Reduced ability to complete daily tasks
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# Perinatal OCD vs. Perinatal Psychosis

- Perinatal psychosis

*Onset usually within 3-10 days postpartum*

*Hallucinations and/or delusions*

*Elation, mood lability, rambling speech, disorganized/bizarre behavior, confusion, mood lability, agitation, clouded sensorium, sleep disturbance*

*Thoughts are ego-syntonic—consistent with person's delusional thinking and behavior*

*Not associated with fears/rituals*

*Associated with increased risk of suicide and infanticide*

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# Perinatal OCD vs. Postpartum Psychosis

- Perinatal OCD

*Not associated with increased risk of harm*

*Thoughts are ego-dystonic—inconsistent with person's personality/behavior/belief system*

*Endorses fear of engaging in behavior or having the thoughts/images*

*Excessive avoidance and rituals in attempt to control thoughts*

*Often present with severe anxiety*

*Reality testing intact*

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# Differentiating Perinatal OCD from Psychosis

Common Symptom	OCD	Psychosis
<b>Thoughts/Beliefs</b>	Described as unwanted intrusive thoughts, mental images, or urges	Visual, auditory, or olfactory stimuli (hallucinations) or delusions (beliefs)
<b>Response to Thoughts</b>	Attempts to prevent harm, increase certainty, or alleviate distress in the form of compulsions	Thoughts are not always bothersome (may be ego-syntonic) but delusions are not based in reality; may act on delusions or command hallucinations
<b>Repetitive Behaviors</b>	Compulsions to alleviate distress or uncertainty or prevent a feared catastrophe	May be present as a response to delusions or hallucinations, not typically a means of reducing distress
<b>Reality Testing</b>	Insight typically observed	Delusions may be present
<b>Symptom Presence</b>	Consistent	May wax and wane

# Screening for perinatal OCD

- Edinburgh Postnatal Depression Scale (EPDS)

*Typically used in routine screening for postpartum depression*

*Alone is inadequate to identify pOCD*

*EPDS-3A: Anxiety subscale can be useful (items 3, 4, and 5; scores  $\geq 5$ )*

- Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

*Semi-structured interview*

*Mild, moderate, severe*

*Not specific to perinatal population*

- Perinatal Anxiety Screening Scale (PASS)

*31-items*

*Minimal anxiety, mild-moderate anxiety, severe anxiety*

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In the past 7 days:

1. I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all
2. I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all
- \*3. I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
4. I have been anxious or worried for no good reason
  - No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
- \*5. I have felt scared or panicky for no very good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
- \*6. Things have been getting on top of me
  - Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped quite well
  - No, I have been coping as well as ever
- \*7. I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all
- \*8. I have felt sad or miserable
  - Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
- \*9. I have been so unhappy that I have been crying
  - Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
- \*10. The thought of harming myself has occurred to me
  - Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

<b>7. Really strong fears about things, eg needles, blood, birth, pain, etc</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>8. Sudden rushes of extreme fear or discomfort</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>9. Repetitive thoughts that are difficult to stop or control</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>10. Difficulty sleeping even when I have the chance to sleep</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>11. Having to do things in a certain way or order</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>12. Wanting things to be perfect</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>12. Needing to be in control of things</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>14. Difficulty stopping checking or doing things over and over</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>15. Feeling jumpy or easily startled</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>16. Concerns about repeated thoughts</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>
<b>17. Being 'on guard' or needing to watch out for things</b>	<b>0</b> <input type="radio"/>	<b>1</b> <input type="radio"/>	<b>2</b> <input type="radio"/>	<b>3</b> <input type="radio"/>

Somerville S., Dedman K, Hagan R, et al. The Perinatal Anxiety Screening Scale: Development and preliminary validation. Arch Womens Ment Health. 2014.

# Behavioral Model of OCD

- Fears acquired and generalized through classical conditioning
  - Maintained through avoidance and escape (negative reinforcement)
  - Obsessions provoke distress which is reduced (temporarily) by compulsive behaviors
  - Compulsive behaviors impair habituation of distress
  - Cycle of compulsions reinforced through negative reinforcement increases obsessional anxiety over time
  - Exposure and Response Prevention
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# Appraisal Model of OCD

- Intrusive thoughts are not pathological
  - Intrusive thoughts become obsessions when they are misinterpreted as being significant or dangerous
  - Obsessive beliefs  
*Responsibility, Thought-action fusion, Meta-cognitions*
  - Contemporary cognitive behavioral models are synthesis of behavioral and appraisal models
  - ERP with cognitive reappraisals
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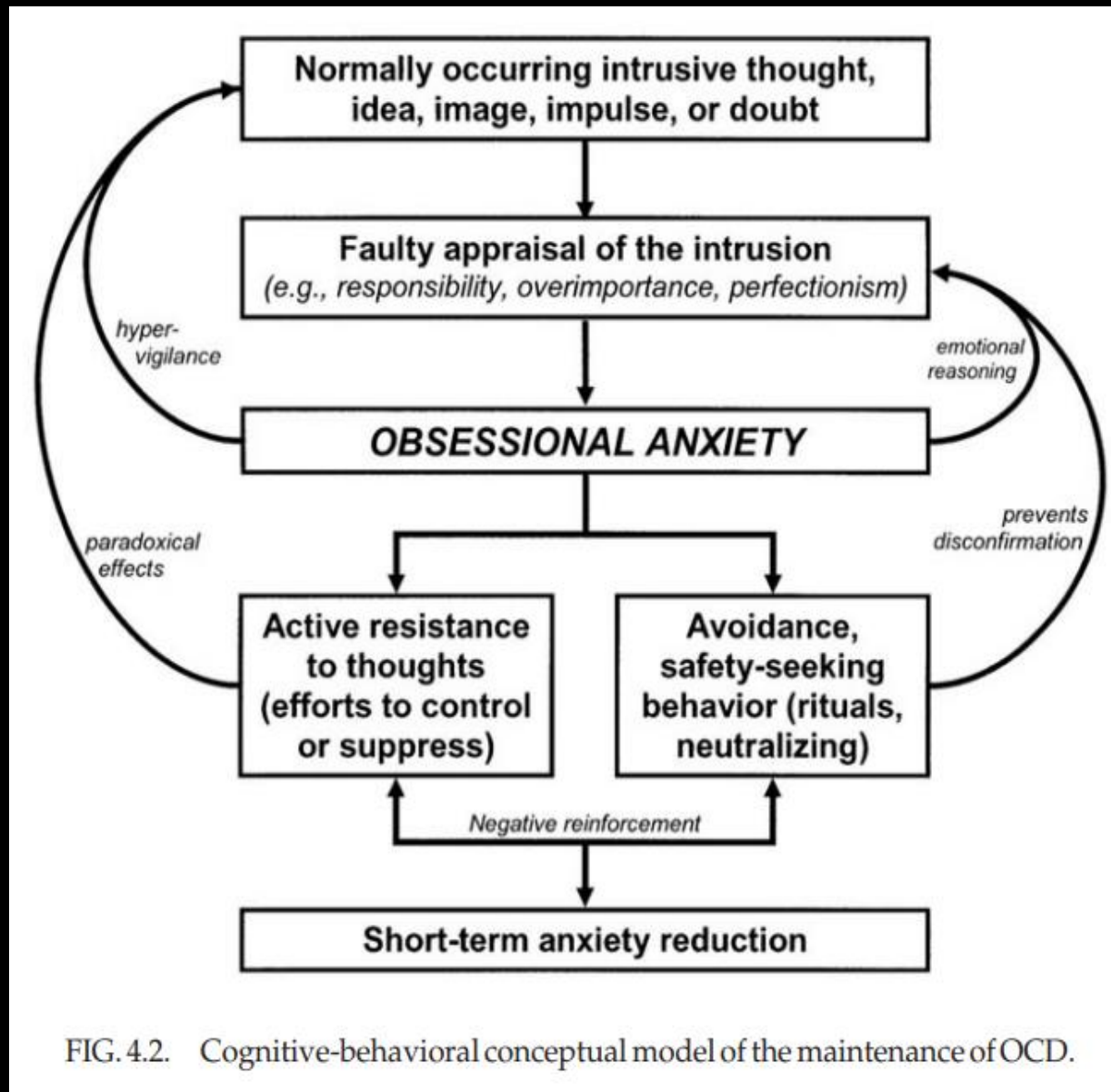


FIG. 4.2. Cognitive-behavioral conceptual model of the maintenance of OCD.

(Abramowitz JS, 2006)

# Treatment for Perinatal OCD

- Exposure and Response Prevention (ERP)

*15-20 sessions*

*IOP*

- Cognitive Therapy

*~12 weekly sessions*

*Behavioral experiments*

- CBT (ERP + CT)

*~12 weekly sessions*

- Pharmacotherapy

*Clomipramine (TCA), fluoxetine, fluvoxamine, paroxetine, sertraline—FDA Approved for OCD*

*Fluoxetine and Sertraline most safety data in pregnancy*

*Often requires doses at or above max dose*

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# Consequences of Misidentification

- Violence risk assessment
  - Having someone else care for child
  - Involvement of child protective services
  - Recommendations that mother not be left alone with infant
  - Prescribing anti-psychotic medications rather than CBT and/or SSRIs
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# Break the Silence

- Stigma associated with mental health in general
  - Normalize intrusive thoughts during pregnancy and postpartum
  - Thoughts are NOT actions
  - Reaction to disclosure of thoughts can impact current and future help-seeking
  - Providing reassurance and hope
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# Resources and Support

- [Postpartum Support International – PSI](#)  
*Online virtual support groups for moms and parents*
  - [Welcome to Maternal OCD](#)
  - [International OCD Foundation | Obsessive Compulsive Disorder \(OCD\) \(iocdf.org\)](#)
  - [Beyond OCD – OCD Information and Resources](#)
  - [OCD Treatment and Therapy | NOCD \(treatmyocd.com\)](#)
  - [Home \(ocdchallenge.com\)](#) – free online self-help program
  - [OCD-Support@groups.io | Home](#)
  - [Anxiety and Depression Association of America, ADAA | Anxiety and Depression Association of America, ADAA](#)
  - <https://www.postpartum.net/get-help/intensive-perinatal-psych-treatment-in-the-us/>
  - Maternal Mental Health Hotline 1-833-TLC-MAMA
  - <https://www.cherishedmom.org/>
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# Resources and Support

- Podcasts

*The OCD Stories*

*Purely OCD Podcast*

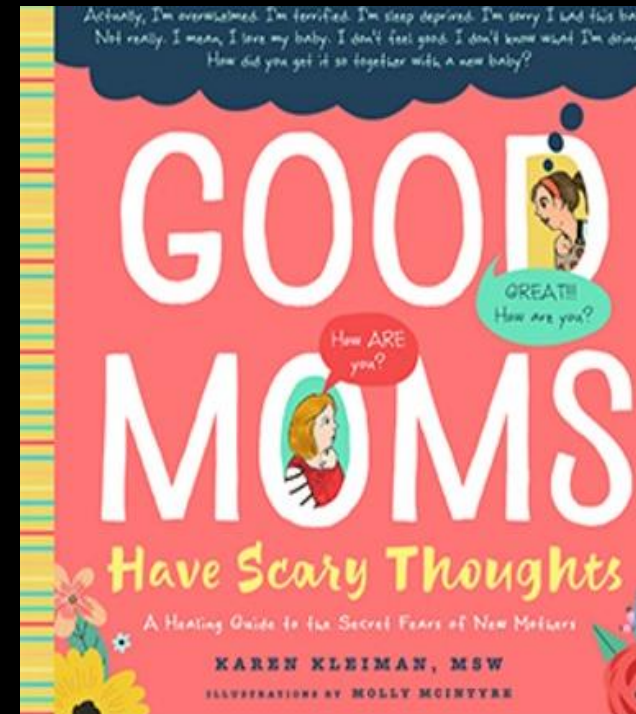
- Mobile Apps

*Cloud OCD – free*

*OCD Mantra – virtual treatment*

*NOCD – virtual treatment*

- Good Moms Have Scary Thoughts—Karen Kleiman



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