

CBT for Depression, Anxiety, and OCD in the Perinatal Period

Courtney C. Louis, Ph.D.

Perinatal Psychiatry:

Focus on Treatment across Pregnancy and the Postpartum

October 15, 2026

Disclosures

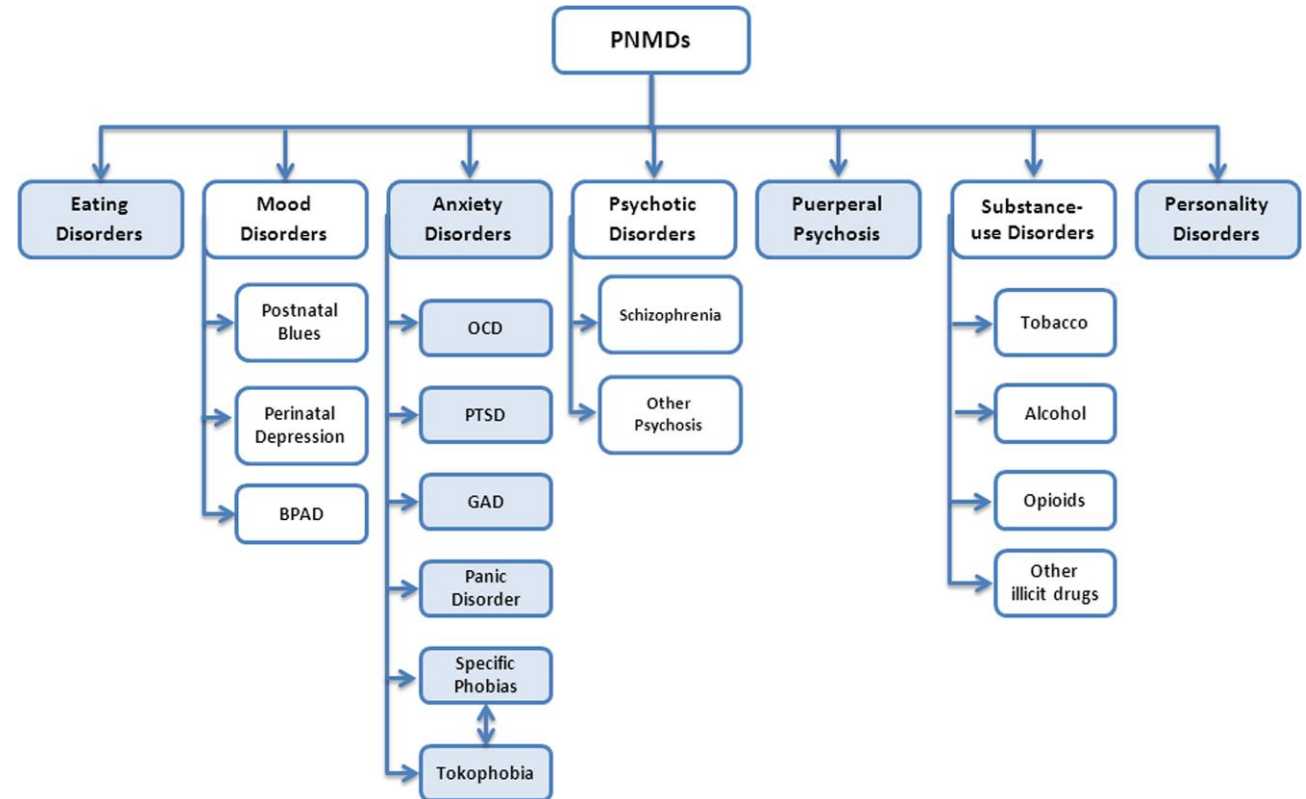
Neither I nor my spouse have a relevant relationship
with a commercial interest to disclose.

Roadmap

- **Overview of common perinatal mental health conditions**
- Rationale for and overview of CBT in pregnancy/postpartum
 - Application to depression
 - Application to anxiety
 - Application to OCD
- Common challenges and considerations
- Strategies to increase access

Overview

- With some exceptions, many of the perinatal mental health conditions have a similar taxonomy to conditions we already treat
- Prevalence varies by condition and timing
 - Mood and anxiety disorders are among the most common
 - OCD is often underrecognized
- Content often, but not always, involves pregnancy or infant



Paschetta et al. 2014

Overview

- Mechanisms and context are important factors to consider
 - Mechanisms: hormonal shifts, sleep architecture
 - Context and Consequences: fetal/infant bonding, health during pregnancy, social support
 - History of depression or anxiety-related disorders increases risk
 - Racial and ethnic disparities in prevalence

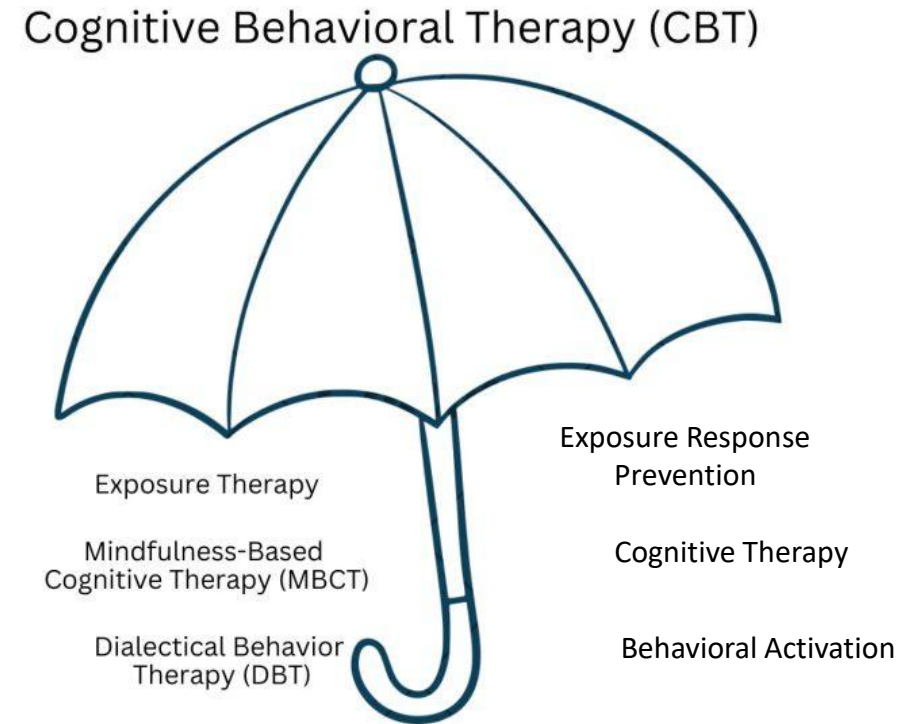
Sujan et al., 2023

Roadmap

- Overview of common perinatal mental health conditions
- **Rationale for and overview of CBT in pregnancy/postpartum**

Cognitive Behavioral Therapy

- CBT is an umbrella term to describe a family of approaches and techniques
- While there are many CBT manuals, **many of the core ingredients of CBT stay the same** and are adapted based on theory, empirical research, and context.



Cognitive Behavioral Therapy



Massachusetts General Hospital
Founding Member, Mass General Brigham

Psychiatry Academy

- CBT is a structured, time-limited, present-focused intervention
 - **Active and directive:** often includes “homework” to extend session-based topics into practice
- CBT is meant to be client-focused, collaborative, and adaptable, which makes it highly adaptable during the perinatal period

“While women clearly need interventions tailored for pregnancy and subsequent relationships with their infant, there seems to be no reason to assume that treatments which are effective at other times in a woman’s life would not be effective in the perinatal period.”

Howard & Khalifeh, 2020

CBT is Evidence-Based

- Several meta-analyses provide evidence for the efficacy of CBT

RESEARCH ARTICLE

Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis

Leontien M. van Ravesteyn¹, Mijke P. Lambregtse - van den Berg^{1,2}, Witte J. G. Hoogendijk¹, Astrid M. Kamperman^{1*}

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Open Access

Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis

Danelle Pettman¹, Heather O'Mahen², Oscar Blomberg¹, Agneta Skoog Svanberg³, Louise von Essen¹ and Joanne Woodford^{1*}

Clinical Psychology Review 92 (2022) 102129

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/clinpyschrev



Review

Effectiveness of cognitive behavioral therapy for perinatal maternal depression, anxiety and stress: A systematic review and meta-analysis of randomized controlled trials

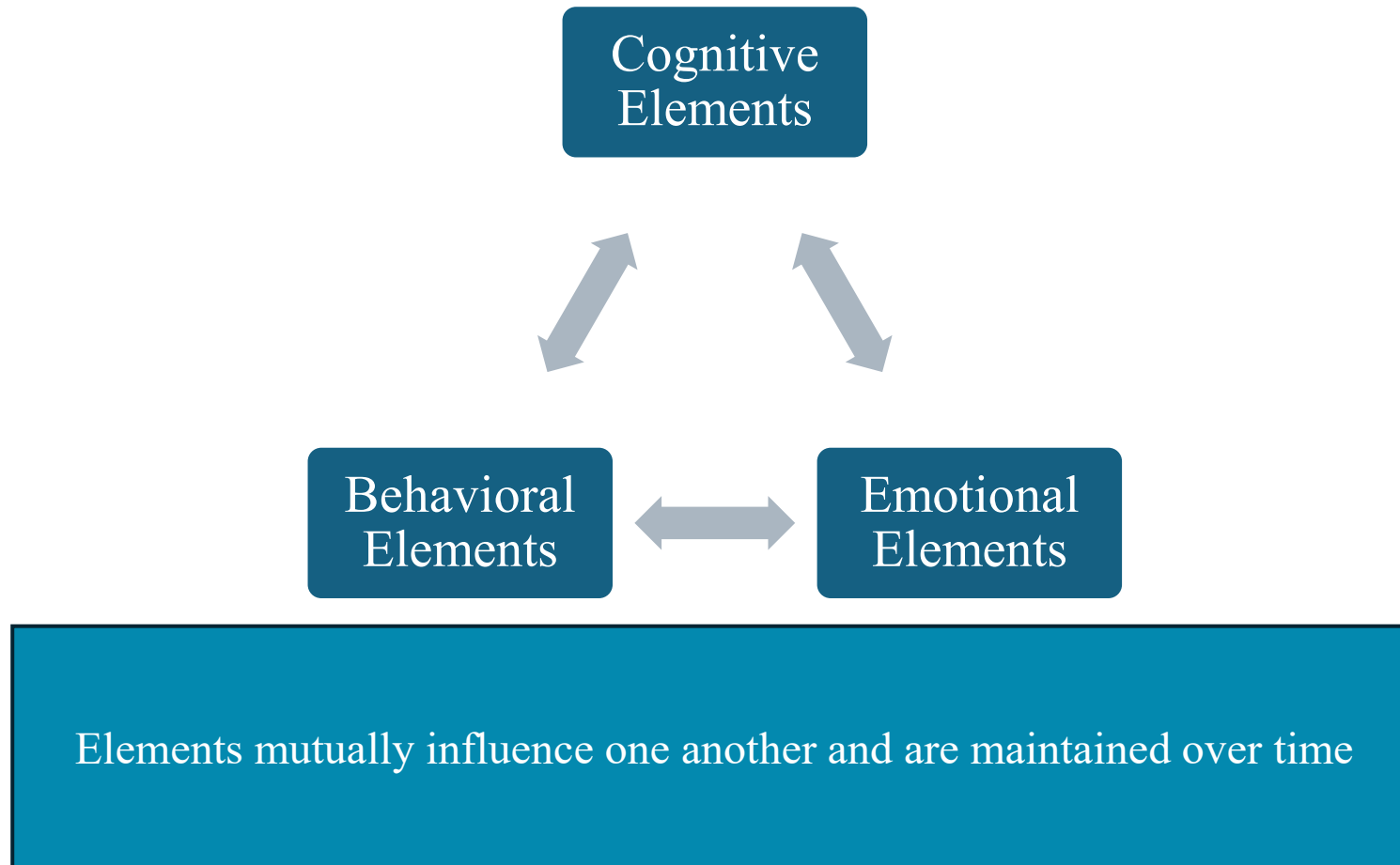
Xinyuan Li^{a,d}, David P. Laplante^b, Vincent Paquin^{c,d}, Sandra Lafortune^e, Guillaume Elgbeili^d, Suzanne King^{c,d,*}



CBT Formulation

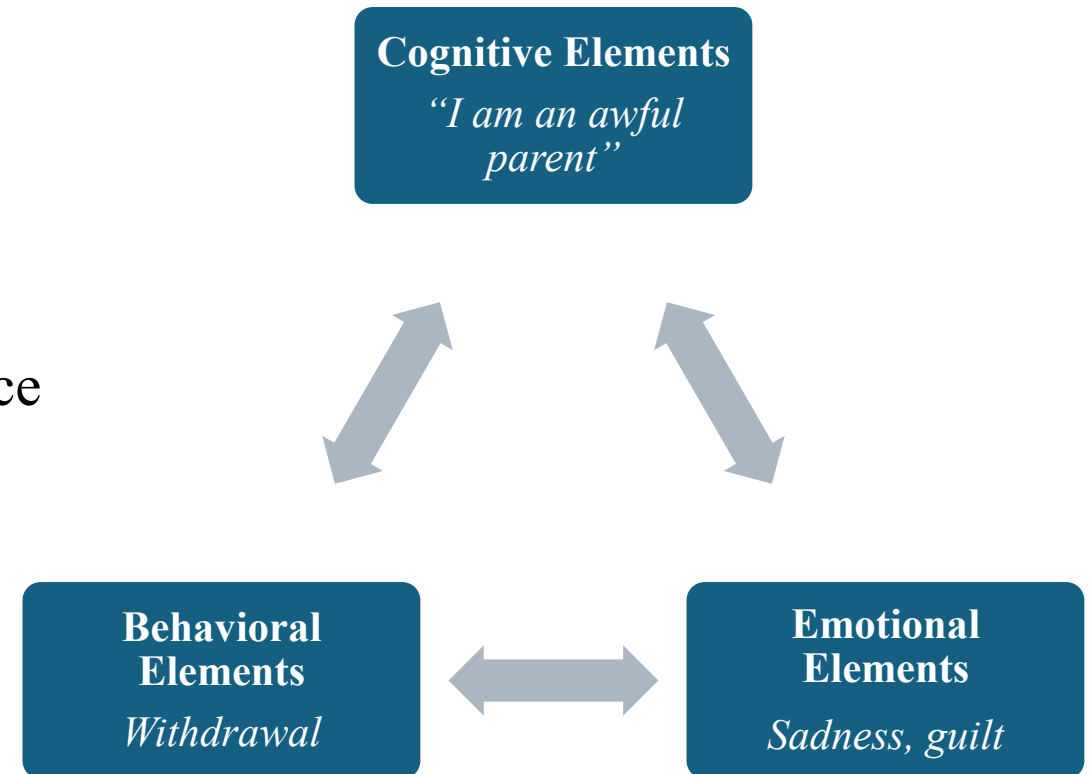
- CBT provides a way of thinking about psychological problems to form a working hypothesis about the mechanisms that maintain distress/impairment
- Hypothesized mechanisms → interventions target mechanisms

The Basic CBT Model

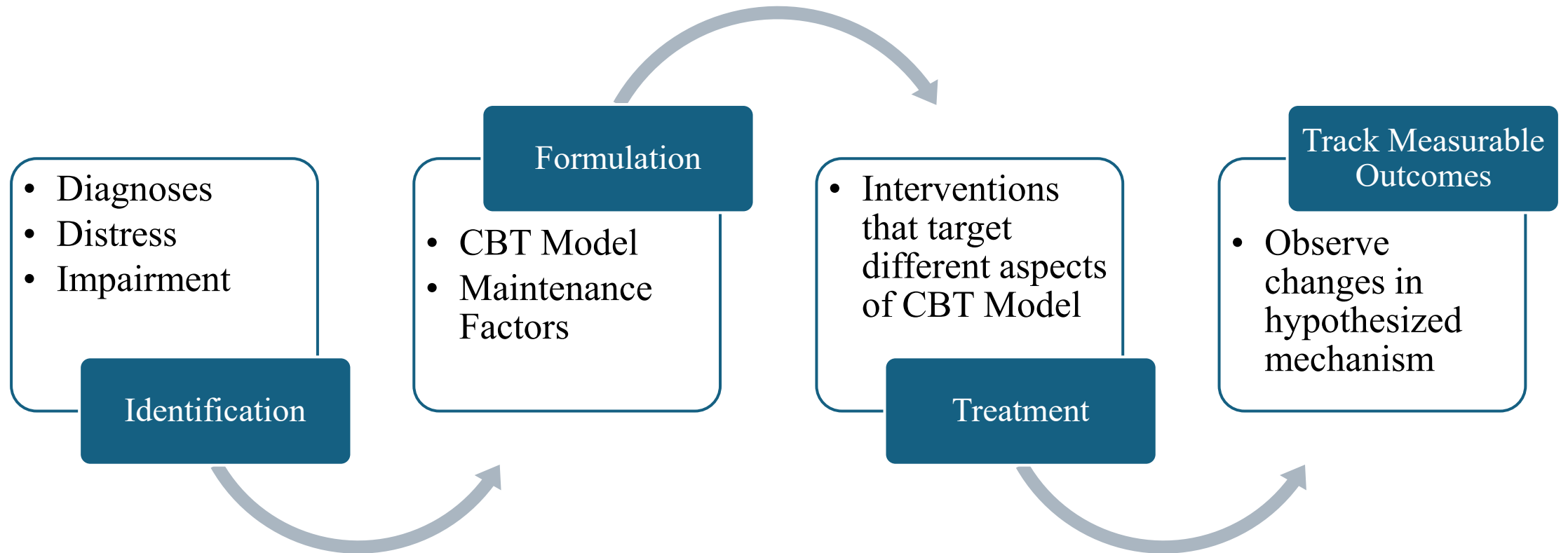


Maintenance Processes

- Triggers: circumstances where problem occurs
- Classical Conditioning: responses have been classically conditioned through paired associations
- Limited Behavior skills: lack of behavior skills
- Negative effects of behavior: consequences of behavior
- Contingencies: reward and punishment that influence behavior
- Core beliefs: beliefs about themselves
- Learning history: previous experiences shaping current understanding
- Information processing biases: memory, attentional



Standard CBT Timeline



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- Overview of common perinatal mental health conditions
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 - Application to depression

CBT for Perinatal Depression

- Same criteria as MDD, specifier “with peripartum onset”
- Core components of CBT for perinatal depression are:
 - **Behavioral activation**
 - Cognitive restructuring

- Depression is maintained by reduced positive reinforcement
 - Strong association between low mood and behavior
 - “Vicious Cycle”: Withdrawal narrows behaviors → narrowed behavior reduces access to reinforcement

Dimidjian et al., 2011, Annu. Rev. Clin. Psychol.

BA Steps:

Activity monitoring and psychoeducation

Review activities that improve mood and those that sustain low mood

Make list of activities: focus on **mastery, pleasure, values**

Proactively schedule feasible daily activities

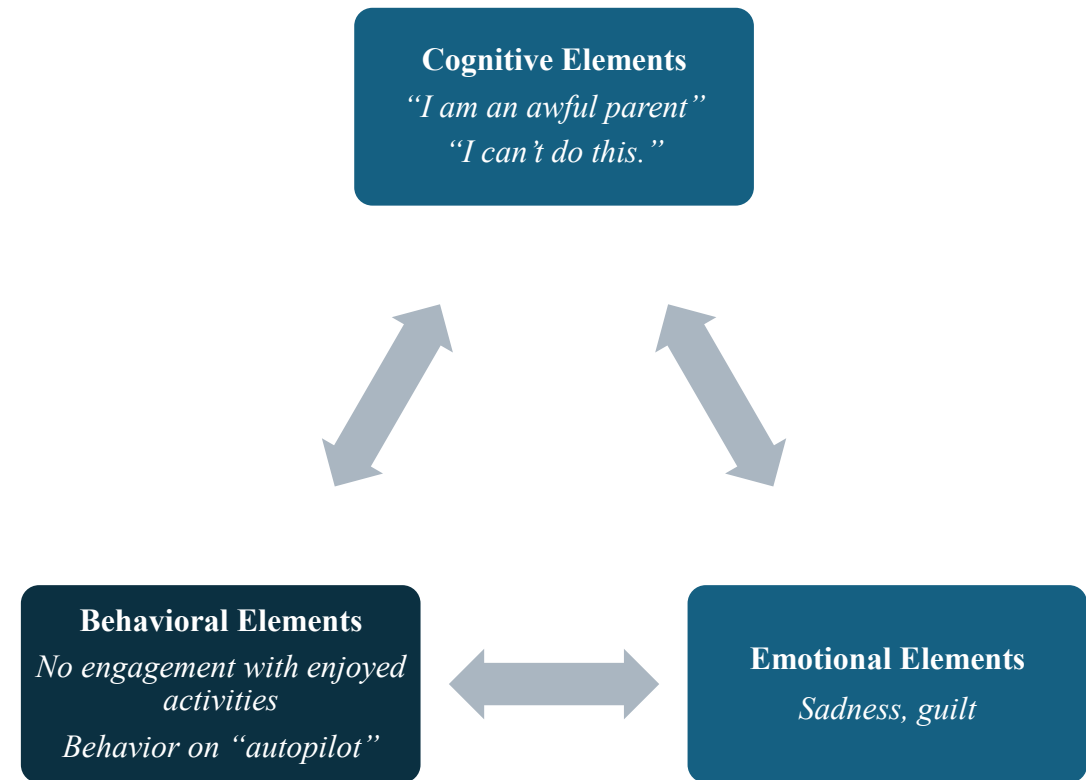
Develop specific strategies to build motivation and address engagement barriers (reward contingencies, etc.)

Activity Monitoring

	Monday	Tuesday	Wednesday
06:00 – 07:00	<i>sleeping</i>	<i>sleeping</i>	<i>sleeping</i>
07:00 – 08:00	<i>sleeping</i>	<i>sleeping</i>	<i>sleeping</i>
08:00 – 09:00	<i>sleeping</i>	<i>sleeping</i>	<i>sleeping</i>
09:00 – 10:00	<i>sleeping</i>	<i>iPhone: Facebook</i>	<i>sleeping</i>
10:00 – 11:00	<i>Watch TV</i>	<i>iPhone: news</i>	<i>Breakfast</i>
11:00 – 12:00	<i>Watch TV</i>	<i>Watch TV</i>	<i>Go out</i>
12:00 – 13:00	<i>Eat</i>	<i>Watch TV</i>	<i>shopping</i>

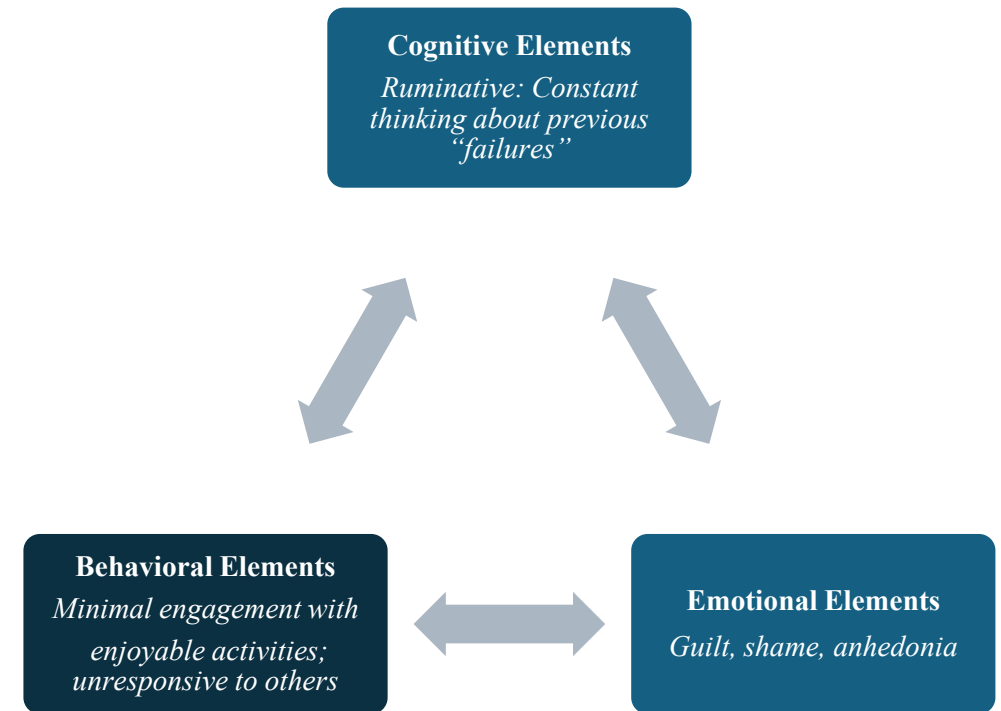
Case Example #1

- 35 y.o. White F, history of MDD, PPD
- Additional maintenance factors:
 - Attention bias: reduced attention to positive/reward cues
 - Contingencies: withdrawal may provide relief
- BA target → withdrawal behavior that reduces opportunity for positive reinforcement



Case Example #2

- 30 y.o. multiracial F, first-time onset during pregnancy
- Additional maintenance factors:
 - Attention bias: heightened attention to self/judgement cues
 - Contingencies: rumination is reinforced
 - Core belief: “needing help means I am a failure”
- BA target → avoidance of activities to mitigate confirming ruminative thoughts



Key Differences

- BA target helps us specify observable treatment outcomes

	Case # 1	Case # 2
BA target	Withdrawal	Withdrawal and rumination
Specific Activities	Feasible, low-barrier activities (e.g., walking, brief engagement with pleasurable activity)	Social support, connecting with other pregnant individuals, value-based activities

The same intervention is applied, but the target may be different.

Evidence for BA

- RCTs have demonstrated the efficacy of BA for PPD
- While CBT often includes cognitive restructuring, BA alone has been shown to be effective
- BA is also scalable and maintains efficacy when it is delivered in various formats

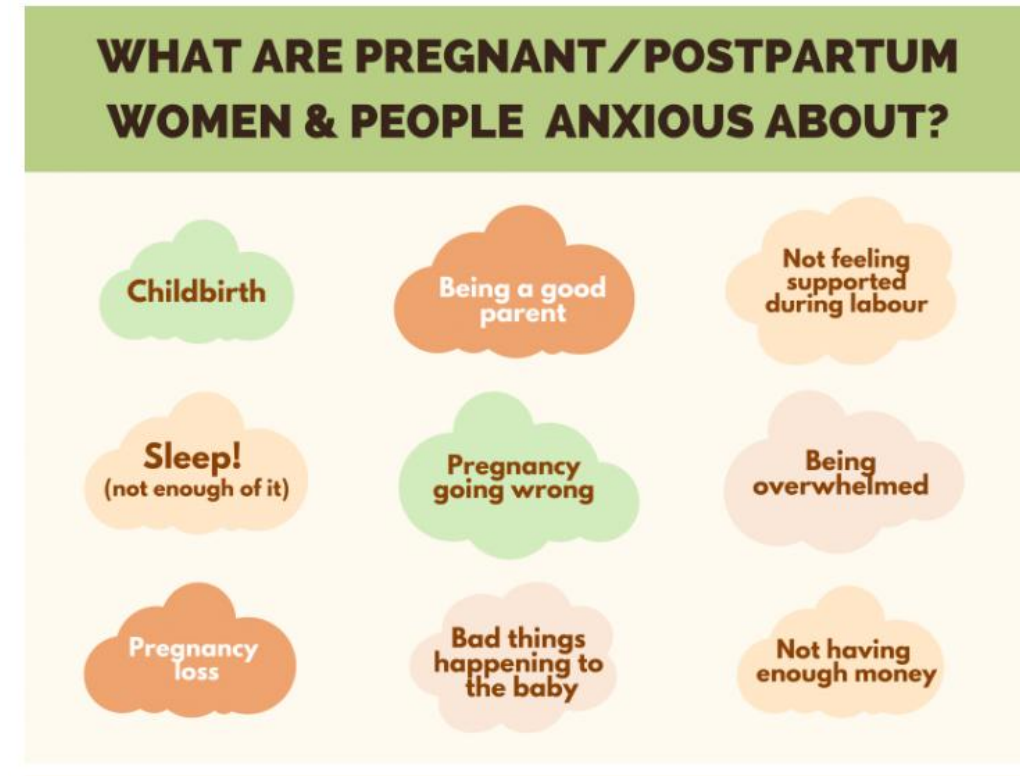
Couch et al., 2025; Singla et al., 2025

Roadmap

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 - Application to depression
 - **Application to anxiety**
 - **Application to OCD**

Perinatal Anxiety

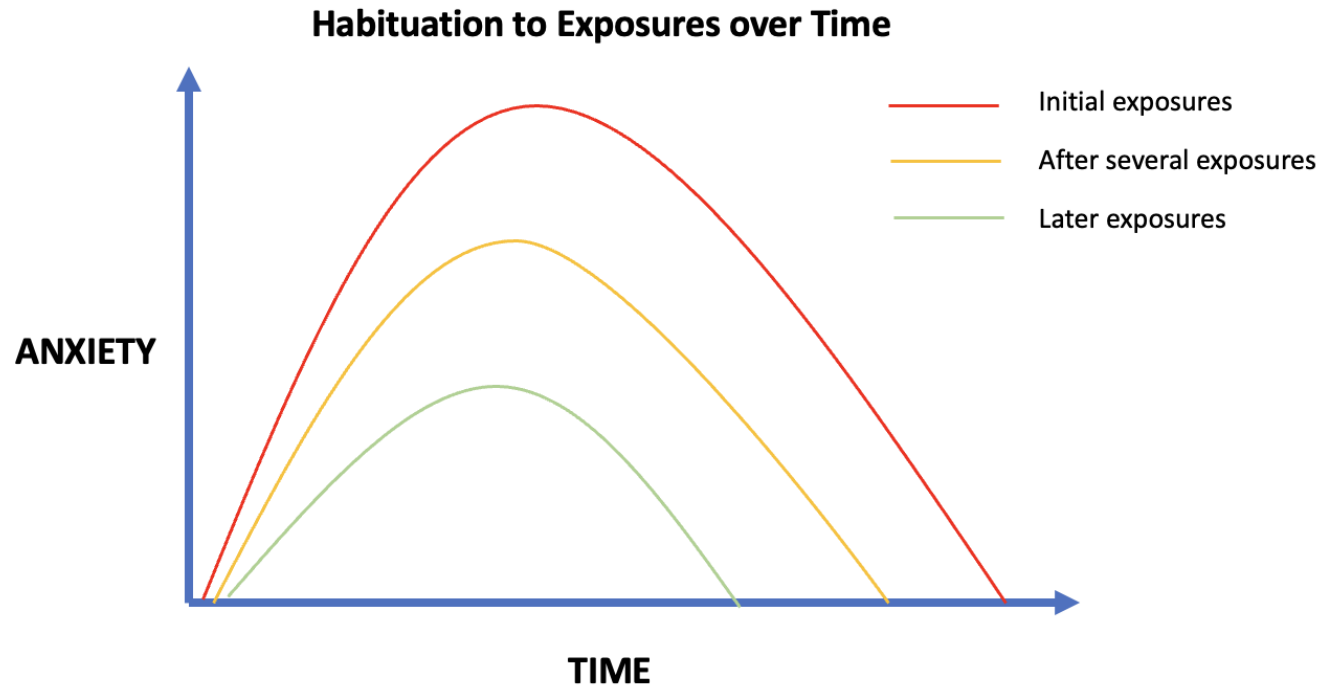
- 1 in 5 people are affected by at least one anxiety-related disorder during pregnancy
- Criteria for being diagnosed are the same
- Core components of CBT for anxiety include:
 - **Exposure therapy**
 - Cognitive restructuring



Source: Dr. Nichole Fairbrother, PARLab

Perinatal Anxiety

- Patients safely confront their fears over time



Exposure Therapy

- Anxiety diagnosis and safety often guide exposure activities
 - Interoceptive exposures: intentionally induce feared physical sensations
 - In vivo exposures: direct contact with feared object
 - Imaginal: imaginal contact with feared object; especially helpful for fear that is unsafe or impossible to recreate

Exposure Tracking Log

Exposure exercise:	Subjective Units of Distress Scale (SUDS) 100 = extreme anxiety 50 = significant anxiety 0 = no anxiety
Safety behaviors to avoid (distraction, self-reassurance, counting, etc.):	

Reminders

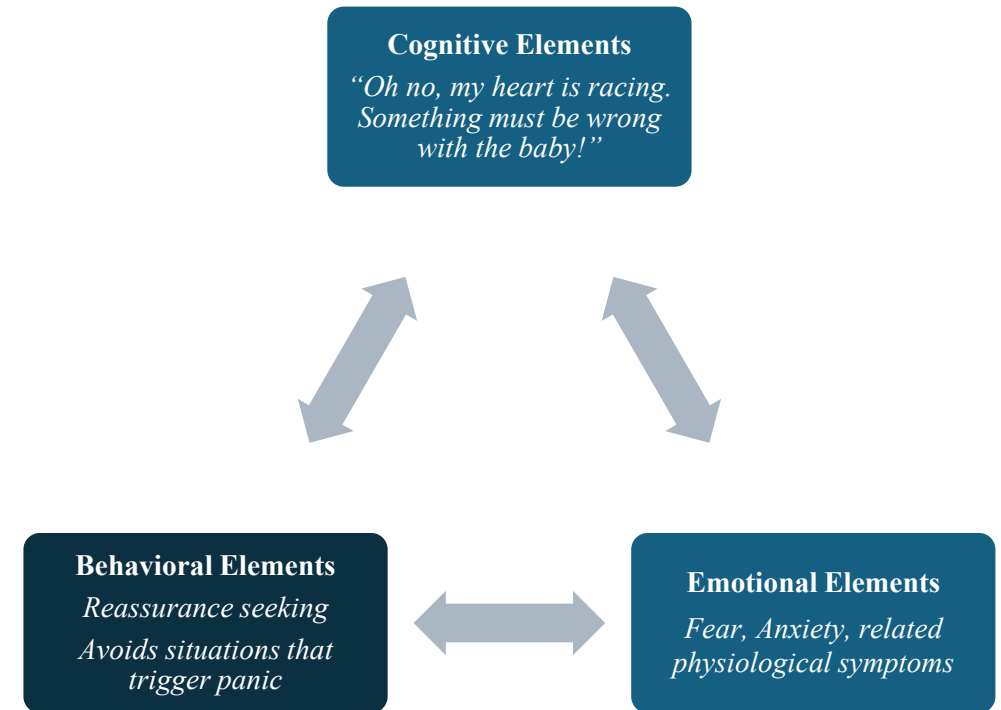
Complete the exercise in an environment with minimal distractions. Continue until the peak SUDS rating reduces by at least half.

Exposure Tracking Log

Date & Time	Exercise Length	SUDS Rating (0-100)			Notes
		Beginning	Peak	End	

Case Example #3

- 25 y.o. Black F with panic during pregnancy
- After assessment, learns she meets for PD
 - Frequent panic attacks and worry about panic
- ET target → feared physical sensations



Case Example #3

Psychoeducation and review of feared responses

Develop a fear hierarchy and make list of feared activities

In session and between session exposure practice

Develop new learning about feared objects

Activity	Subjective Units of Distress (SUDS)
Brisk walk	50
March in place	30
Notice heartbeat	20

Case Example #3

Date: _____ Time: _____ Place: _____ ☐ Alone ☐ Accompanied (check one)

Before you start

1. Describe the exposure (*What fears will you face and what anxiety-reduction strategies will you give up?*)
2. What do you most fear will happen when you try this exposure (*be specific*)?
3. How long do you think you can stick with this task? _____

During the Exposure

1. Every _____ minutes during the exposure note (a) your anxiety level and (b) the strength of your urge to do anxiety-reducing behaviors on a 0-100 scale.

Anxiety	Urge	Anxiety	Urge	Anxiety	Urge	Anxiety	Urge
1. _____	_____	6. _____	_____	11. _____	_____	16. _____	_____
2. _____	_____	7. _____	_____	12. _____	_____	17. _____	_____
3. _____	_____	8. _____	_____	13. _____	_____	18. _____	_____
4. _____	_____	9. _____	_____	14. _____	_____	19. _____	_____
5. _____	_____	10. _____	_____	15. _____	_____	20. _____	_____

2. Describe your feelings during the exposure (*use phrases like "I'm feeling very scared about..."*)

After the Exposure

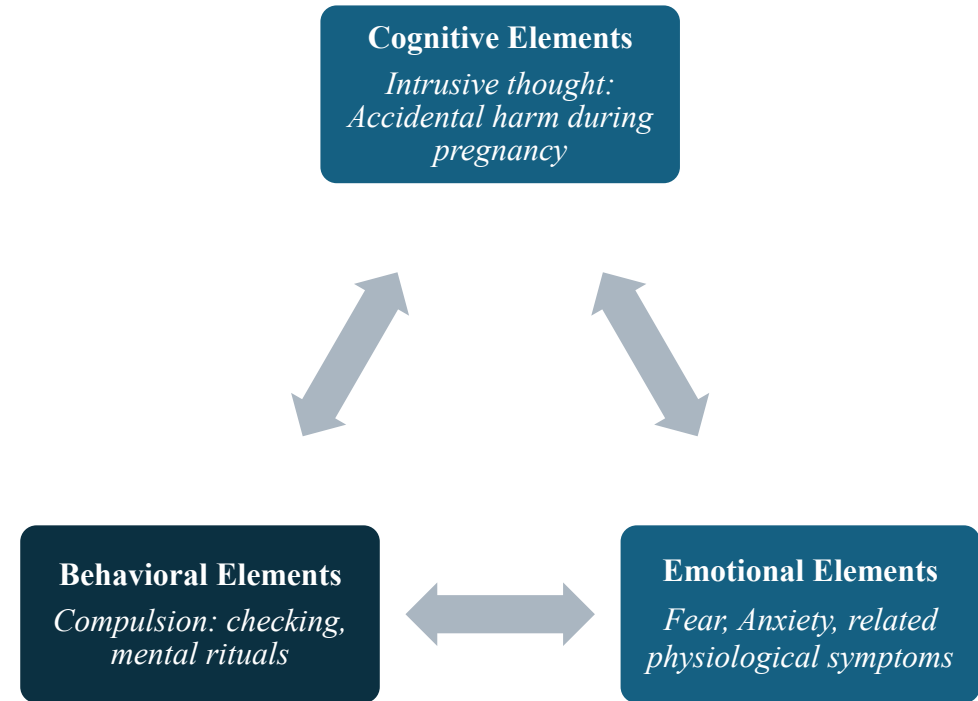
1. Describe the outcome of the exposure in relation to your answers to questions #2 and #3 (*What happened? Did your fears come true? How did your feelings of fear and anxiety respond? How did you get through the experience? What would happen if you tried it again?*):
2. What did you learn from this experience? In what ways were you surprised by what happened?
3. What could you do to vary up this exposure?

Perinatal OCD

- Recent research has shown that prevalence estimates may be closer to ~9%
- **CBT components include:**
 - **Exposure and response prevention (ERP)**
 - Response prevention: mitigating engagement with compulsions

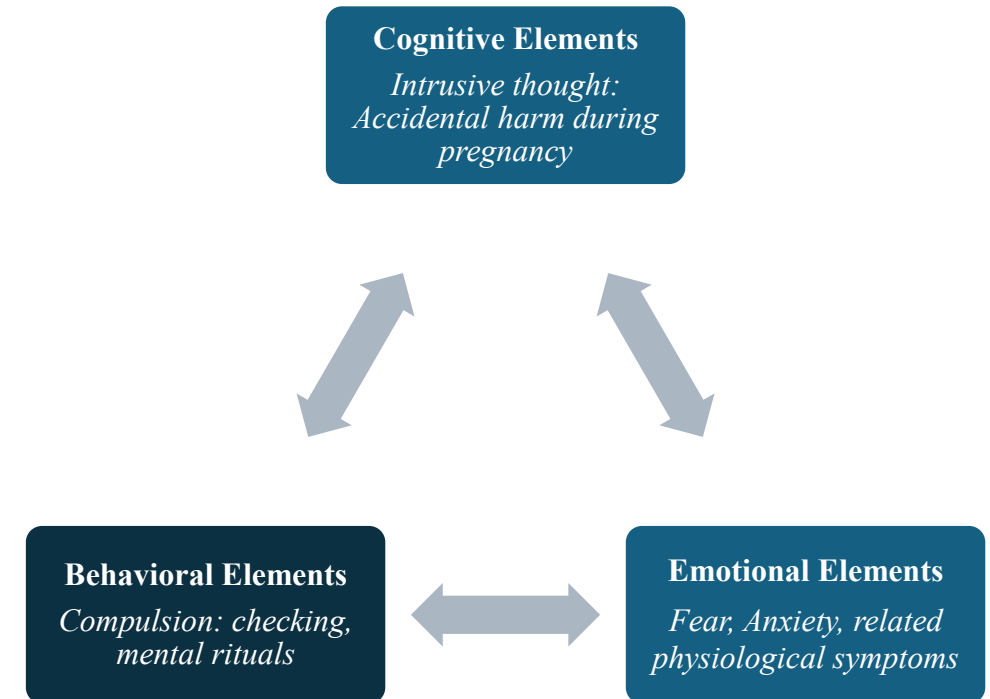
Case # 4

- 40 y.o. Hispanic F; onset during pregnancy
- Compulsions (e.g., checking) and mental rituals prevent new learning and make the patient believe that compulsions prevent harm



Case # 4

Feared Thoughts, Objects, and Situations	Anxiety
Eating at a party or restaurant where I don't know every ingredient included in the food.	100
Being on the commuter train during rush hour	95
Putting gasoline in my car	85
Shaking hands with a client at work	85
Eating lunch at the house of a friend who has a cat	75
Using a public bathroom	70
Eating nonorganic vegetables	60



Cognitive Restructuring

- Cognitive Restructuring: identifying and modifying unhelpful thoughts
 - For instance, in OCD:
 - Overestimation of risk
 - Exaggerated sense of responsibility
 - Need for certainty
 - Oftentimes, the maladaptive thoughts can be targeted during exposure

Date	Intrusive Thought	Belief (0 to 100)	Emotions (0 to 100)	Balanced Response	Outcome (Rerate belief and emotion 0 to 100)
May 7	What if that cheese I ate earlier wasn't pasteurized like I thought it was?	I can't believe I am so careless. I shouldn't have done that without being completely certain. That's as bad intentionally putting the baby in harm's way. Belief: 80	Fear: 80 Guilt: 95 Anxiety: 75	There is a possibility that I was wrong about the cheese being pasteurized, but it is a pretty small chance. I am more careful than most of my friends are and all their babies have been fine. If I did make a mistake, that is not really the same as hurting the baby on purpose.	Fear: 30 Guilt: 40 Anxiety: 25 Belief: 40

Evidence for CBT for Anxiety

- Meta-analyses support that CBT is effective for perinatal anxiety
- Recent meta-analyses have shown that when exposure is included effects are larger

Review article [Get rights and content](#) ↗

The efficacy of cognitive behavior therapy for the treatment of perinatal anxiety symptoms: A preliminary meta-analysis

[Peta N. Maguire](#)^a  , [Gavin I. Clark](#)^a, [Bethany M. Wootton](#)^{a b} [Show more](#) ✓



Journal of Affective Disorders
Volume 190, 15 January 2016, Pages 543-550



Review

Clinical management of perinatal anxiety disorders: A systematic review

[C. Marchesi](#)^{a b c}  , [P. Ossola](#)^a , [A. Amerio](#)^{a d}  , [B.D. Daniel](#)^{b c} , [M. Tonna](#)^c , [C. De Panfilis](#)^{a b c} 

Challacombe & Jansen, 2022; Maguire et al., 2018; Marchesi et al., 2016

Roadmap

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 - Application to depression
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- **Common challenges and considerations**
- **Strategies to increase access**

Challenges and Considerations

- Time
 - CBT can be quite brief and targeted – careful formulation and hypothesis can be especially helpful!
- Comorbidities
- Importance of homework between sessions
 - Homework is a core part of the treatment; it is quite active
- Availability of providers
 - Some treatments are specialized
- Importance of expectation setting and normalization

Challenges and Considerations

- Safety
 - No evidence to suggest that exposures are unsafe
 - Should consult with Ob and discuss with patient
- Cultural Adaptations
 - Leverage social support, patient understanding of symptoms, and values to guide treatment outcomes

Chapter 11 Exposure Therapy with Patients Who Are Pregnant



Fiona L. Challacombe and Megan A. Jansen

Arch Womens Ment Health
DOI 10.1007/s00737-012-0308-9

ORIGINAL ARTICLE

Are exposure-based cognitive behavioral therapies safe during pregnancy?

Joanna J. Arch • Sona Dimidjian • Cheryl Chessick

THE JOURNAL OF CLINICAL PSYCHIATRY

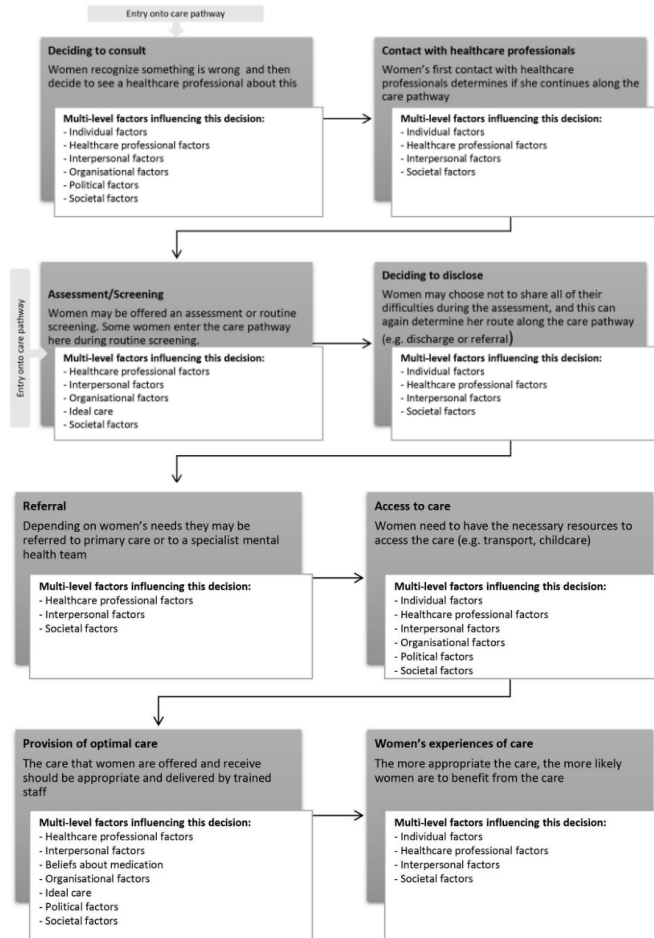
LETTER TO THE EDITOR | NOVEMBER 17, 2025

Exposure Therapy for Perinatal OCD: Navigating Evidence and Discomfort

Rachel Vanderkruik, PhD, MSc, CMPC; Martha J. Falkenstein, PhD; Jonathan S. Abramowitz, PhD

J Clin Psychiatry 2026;87(1):25116145

Barriers to Care



- Time, cost, child care demands, limited access, stigma
- Many people remain untreated
 - Multilevel barriers to care
 - Disparities in **treatment access**

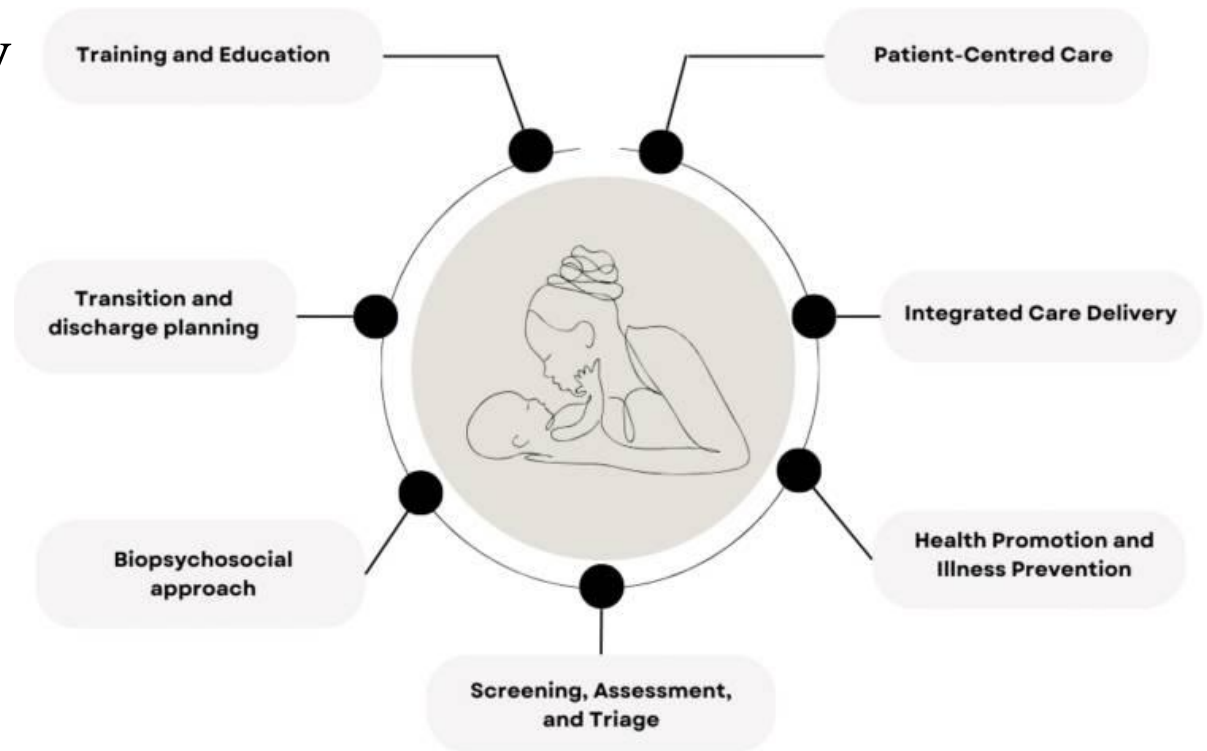
Webb et al., 2023

Potential Solutions

- Integrated Care
- Peer support
- Leveraging technology

Integrated Care

- A scoping review found that integrated care helps address many barriers, including reduced time seeking care and improved access
- Most work has examined this for PPD
- No single model, but there are identified core elements that are helpful to maintain



Carter et al., 2025

Peer Support

- Distinct from CBT
- Many benefits: builds social support, confidence, access to care

Perinatal Mental Health Support Groups

Find support for pregnancy and postpartum mental health challenges, including depression, anxiety, OCD, and more.

[Get Started](#)

Pregnancy & Infant Loss Support Groups

Compassionate peer support for pregnancy loss, infant loss, fertility challenges, and parenting after loss.

[Get Started](#)

After Abortion & TFMR Support Groups

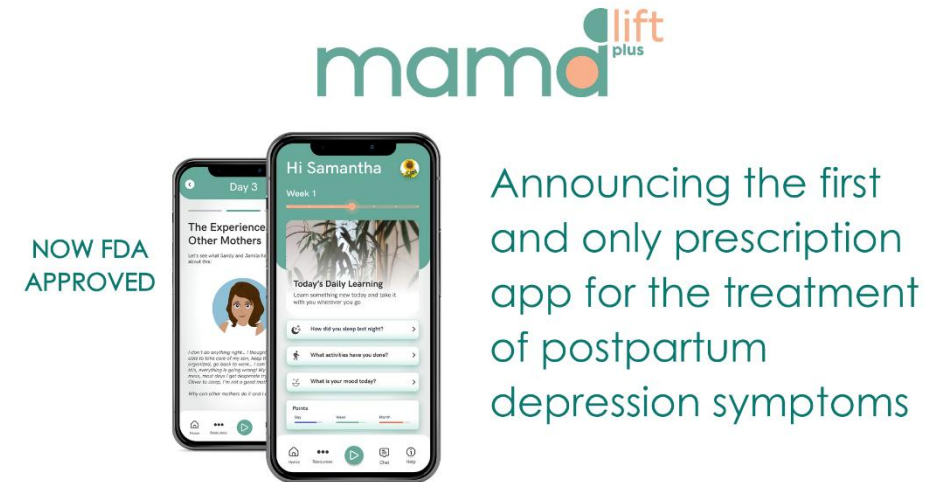
Healing support groups for those who have experienced abortion or termination for medical reasons.

[Get Started](#)

Postpartum Support International

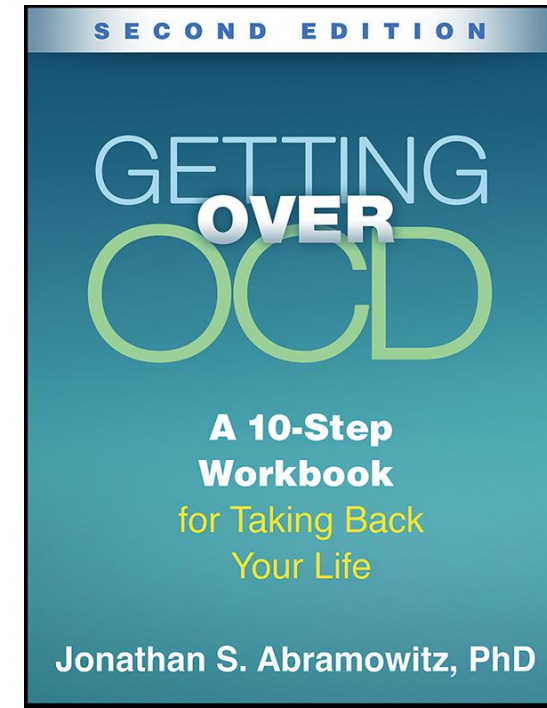
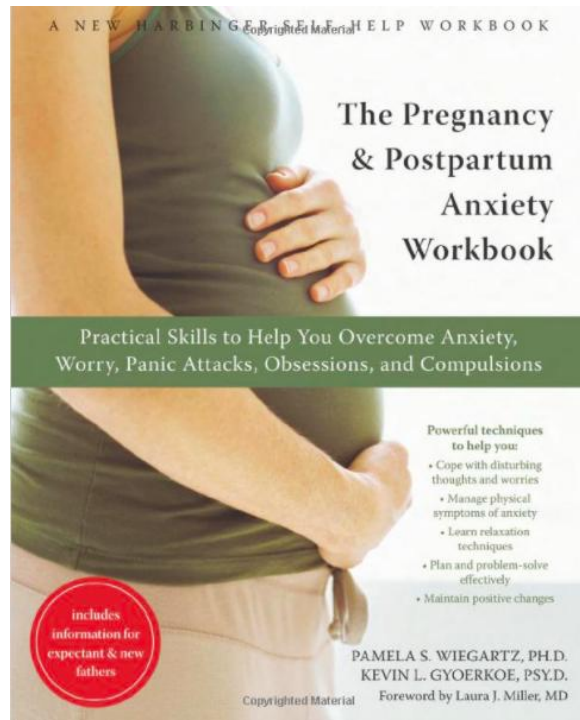
Leveraging Technology

- Promising research shows that digital CBT can produce reliable reductions in depression symptoms
- Limited research on anxiety/OCD in perinatal period, but existing work also notes benefit of CBT
- More work is needed to examine whether digital interventions result in improved access; however, existing research is encouraging



Ching et al., 2023; Mahoney et al., 2023

Additional Resources



Conclusions

- CBT is an effective treatment option for the most common perinatal mental health conditions
- It is highly adaptable to the perinatal time period
- It is based on a concrete formulation that drives treatment

Thank you!

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