Perinatal CoCM: The Importance of Trauma-Informed Care

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Goals for this session

1. Understand the importance of trauma-informed care in Perinatal CoCM practice

2. Be able to identify strategies for implementing trauma-informed care within the CoCM model

Introduction

As we **recognize the prevalence of traumatic experiences** and their impact on all aspects of wellbeing, the recommendation for integrating trauma-informed care practices is being made across disciplines.

In considering practice with perinatal patients, **trauma-informed care is imperative**.

The Experience of Trauma

What is trauma?

Exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on an individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Experiences that may be traumatic include:

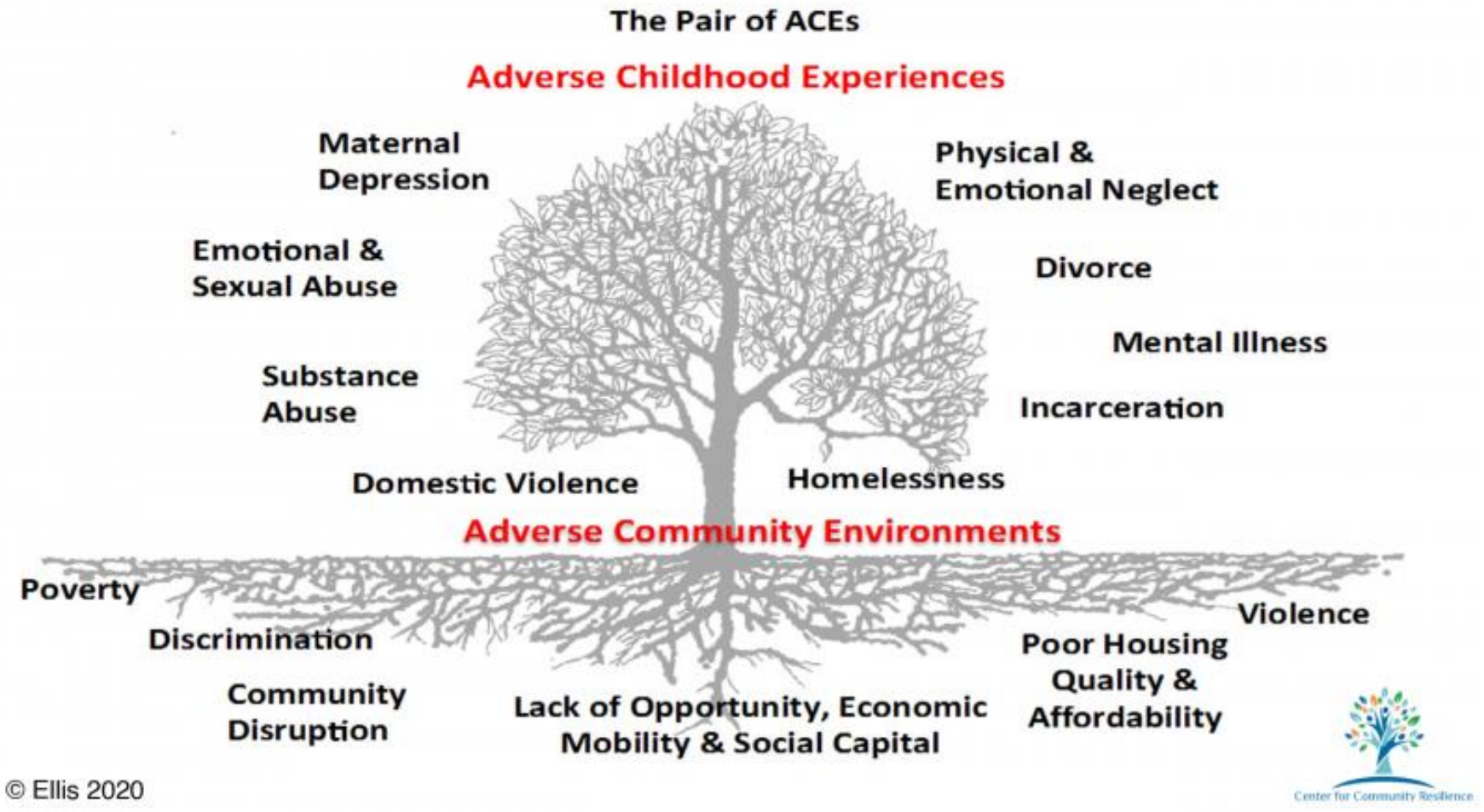
- Physical, sexual, and emotional abuse
- Childhood neglect
- Sudden, unexplained separation from a loved one
- Poverty
- Racism, discrimination, and oppression
- Violence in the community, war, or terrorism
- Living with a family member with mental health or substance use disorders

Trauma is an ***experience***

What are the types of trauma?

Acute Trauma	A single traumatic event that is limited in time
Chronic Trauma	The experience of multiple traumatic events
System-induced Trauma	Traumatic removal from home, admission to a detention or residential facility, or multiple placements within a short term
Complex Trauma	Both exposure to chronic trauma and the impact that this exposure has on a person
Environmental Trauma	Poverty in childhood, social inequality, early exposure to urban environments, migration, and belonging to an ethnic minority

What are adverse childhood experiences (ACEs)?



Why are ACEs relevant in perinatal care?

- Common
- Change world view
- Impact physical and mental health long-term
- Inadvertently cyclic

How prevalent is trauma in women?

In general:

- 1/4 girls have experienced sexual abuse in childhood
- 1/5 women have experienced rape or sexual assault in their lifetime
- 1/4 women have experienced intimate partner violence
- 50–80% report childhood maltreatment

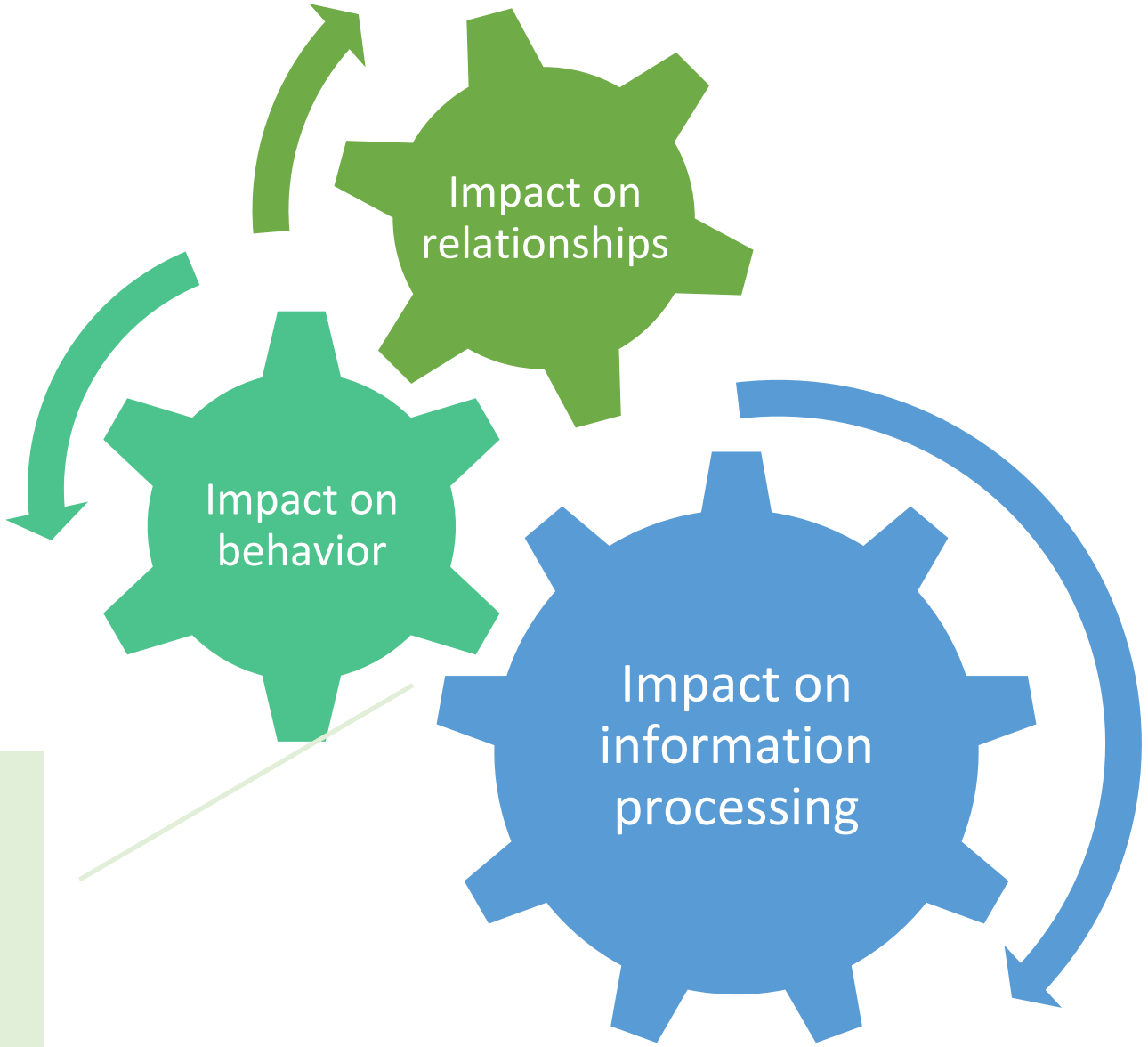
Among those seeking MH services:

- 70–90% have experienced trauma

Among pregnant and parenting:

- Some studies have shown up to 45% of women report negative birthing experiences, some meeting criteria for PTSD
- 4–8% of women experience intimate partner violence during pregnancy
- 5% of perinatal women meet criteria for PTSD diagnosis

What is the functional impact of trauma?



Things are not what they seem
(protective brain = protective actions)

What is the impact of trauma on information processing?

Memory can be impacted

Easily startled

Inability to organize information

Frequently assessing their environment

Difficulty focusing

Reduced ability to utilize and understand language

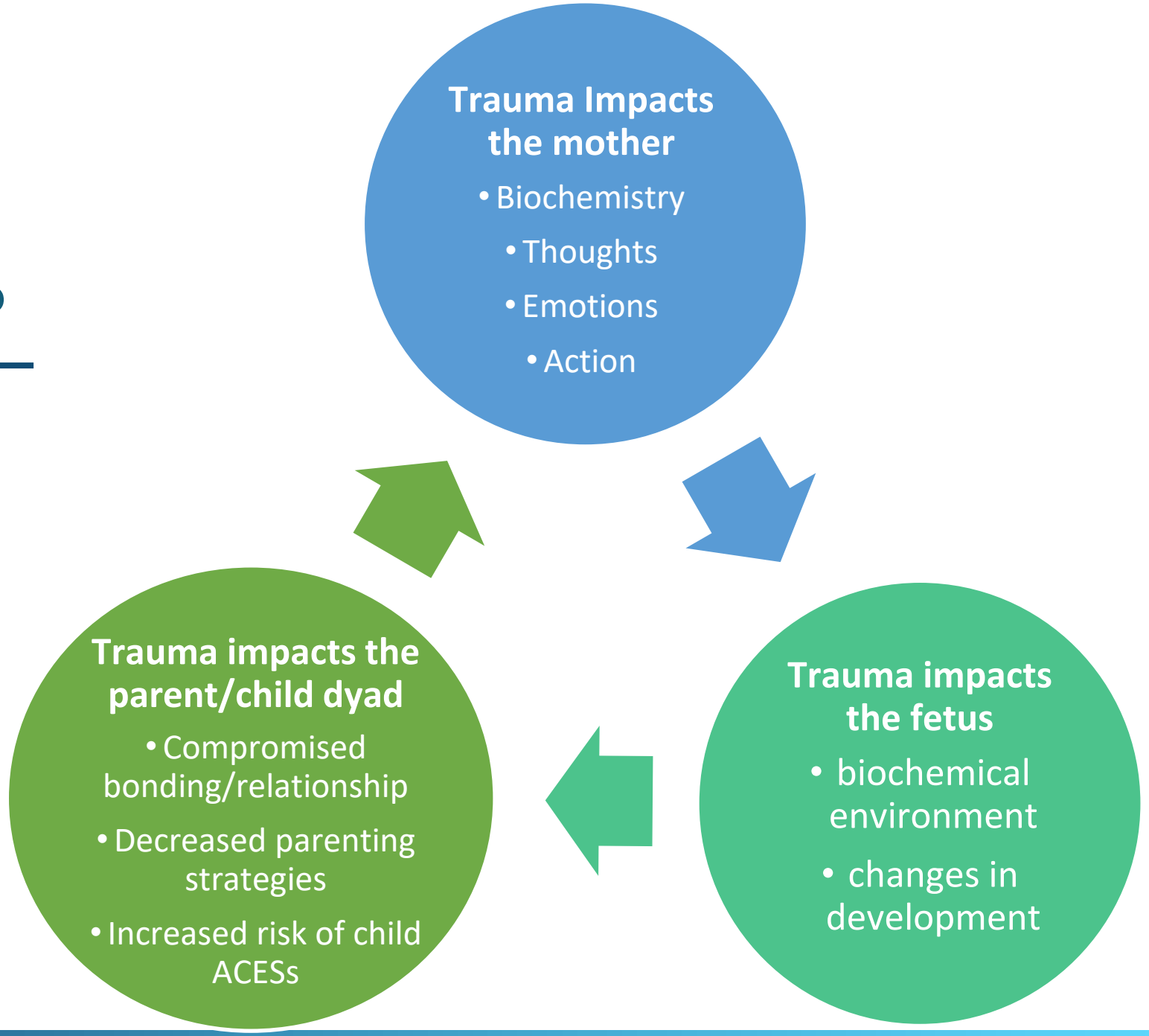
What is the impact of trauma on behavior?

Easily startled	• Lashes out when touched • Reaction is “bigger” than would be expected
Distracted by or reactive to triggers	• This can literally be any sensory stimuli that was present at the time of the trauma
Sleeping poorly	• Lack of sleep exacerbates preexisting conditions/concerns • Can mimic depression
Seeking safety/control	• Mimics anxiety and OCD
High risk behaviors	• Substance use • Cutting • Increase in indiscriminate behaviors

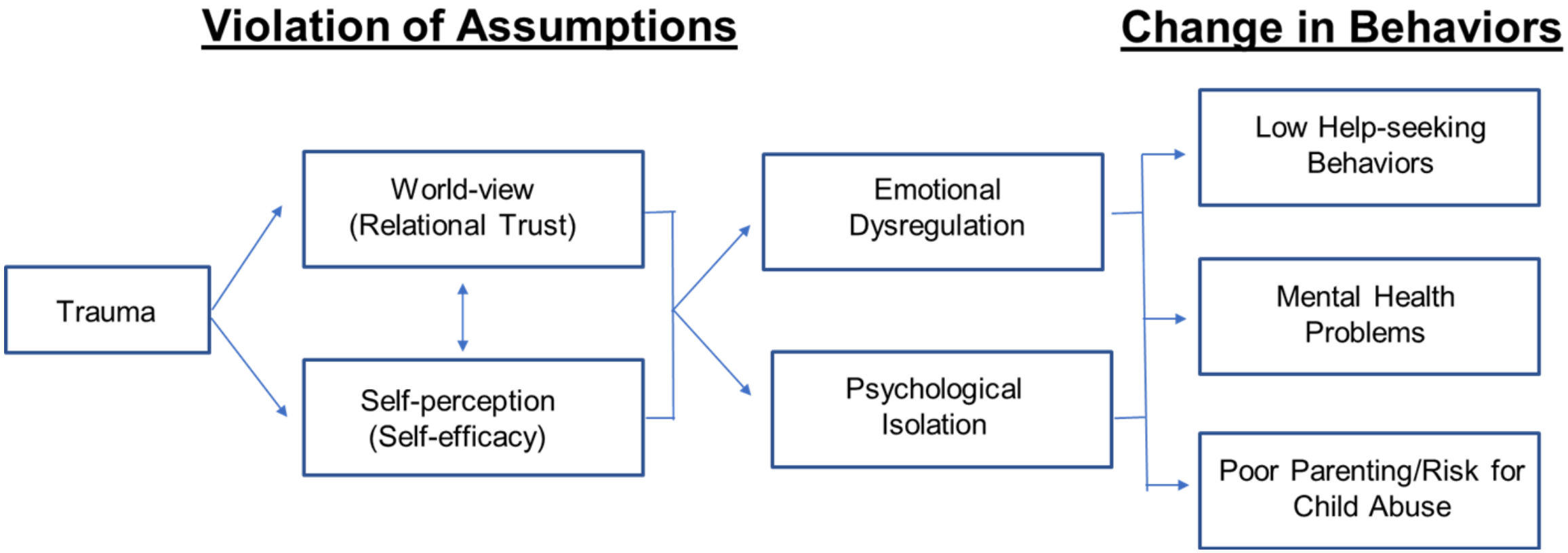
What is the impact of trauma on relationships?

- Less available
- More irritable
- Withdrawn
- Unable to empathize
- Frustratingly clingy
- Insistent need to know where people are

What are the implications for the perinatal population?



How does trauma impact the parent/child dyad?



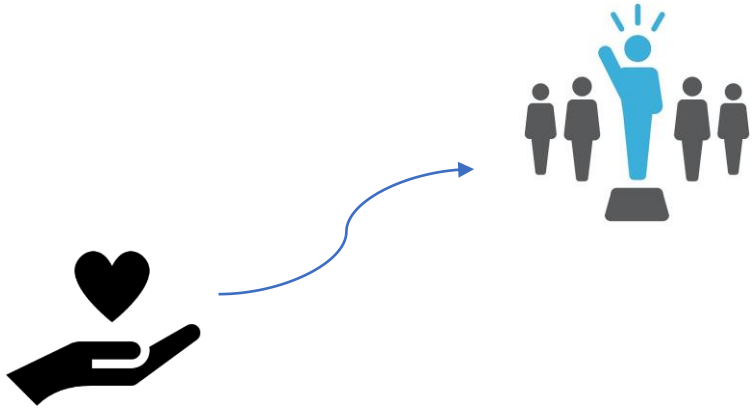
Muzik, Conceptual Framework, unpublished
Based on Foa, Horowitz, Bowlby, Fonagy

Trauma-Informed Care in Perinatal CoCM

What is trauma-informed care (TIC)?

Trauma-informed care is a “strengths-based approach grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; that creates opportunities for survivors to rebuild a sense of control and empowerment."

(Hopper, Bassuk, and Olivet, 2010, p.82).

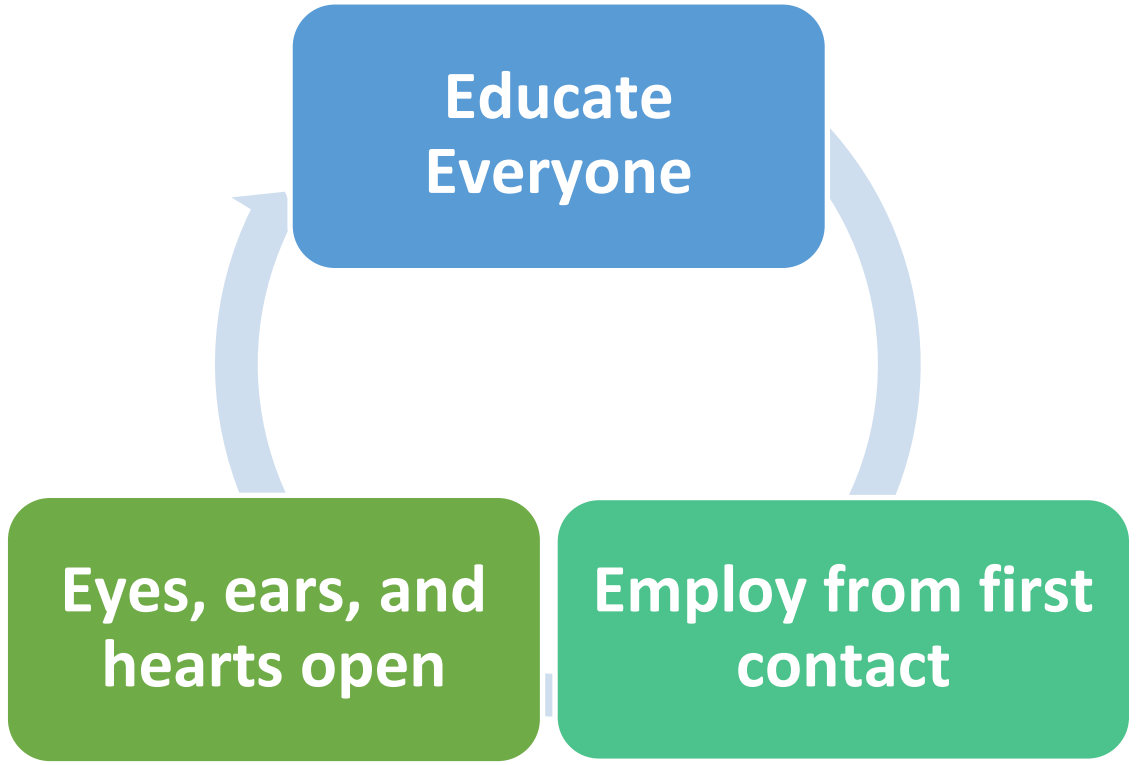


Is trauma-informed care necessary for perinatal patients?

- The experience of trauma is prevalent among women
- This is an opportunity to break the cycle and stop the negative effects for our patients and their children
- In April 2021, The American College of Obstetricians and Gynecologists (ACOG) released a committee opinion stating that all providers of OBGYN care should adopt a trauma-informed approach

How do we incorporate trauma informed care into CoCM perinatal practice?

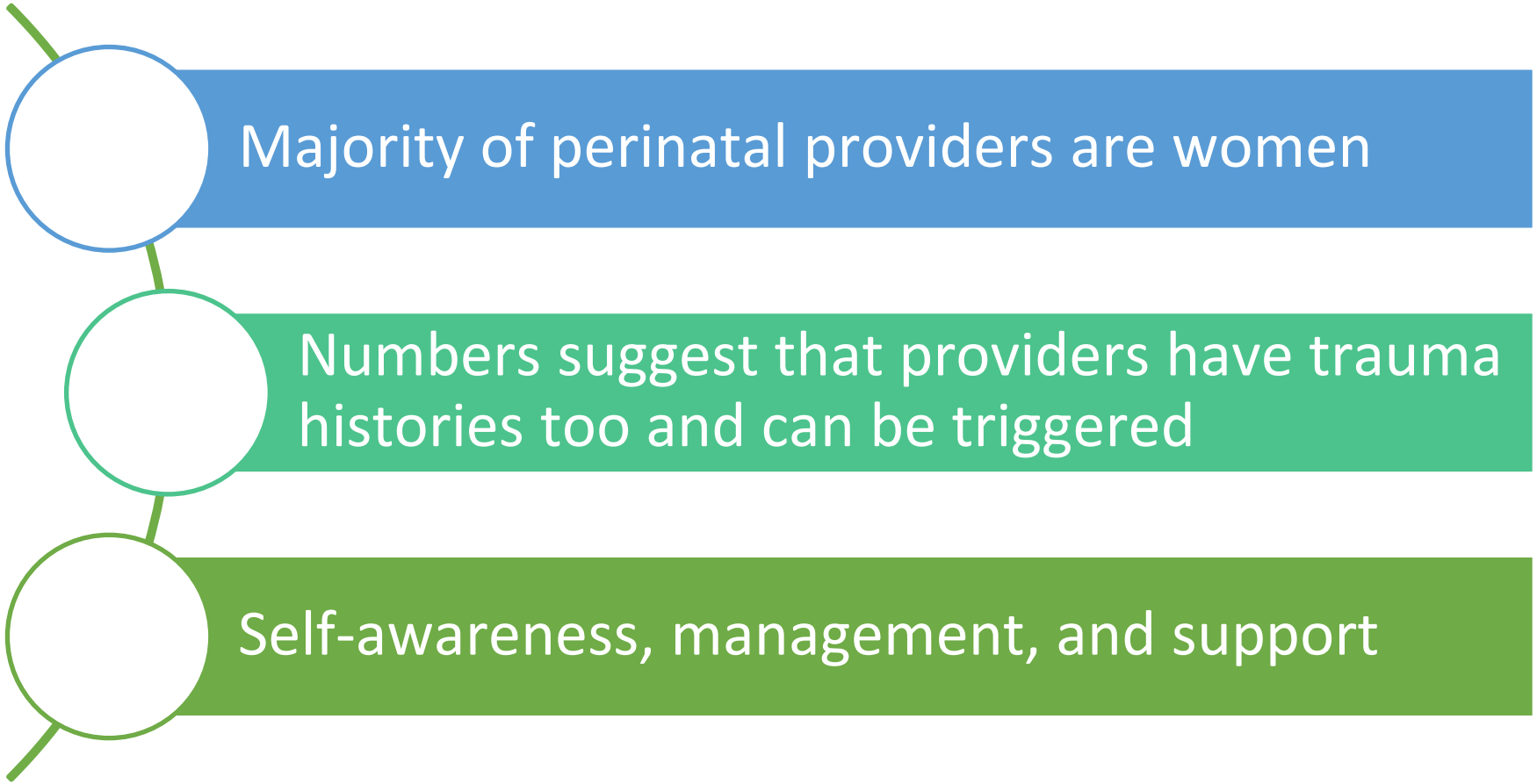
Build from the ground up



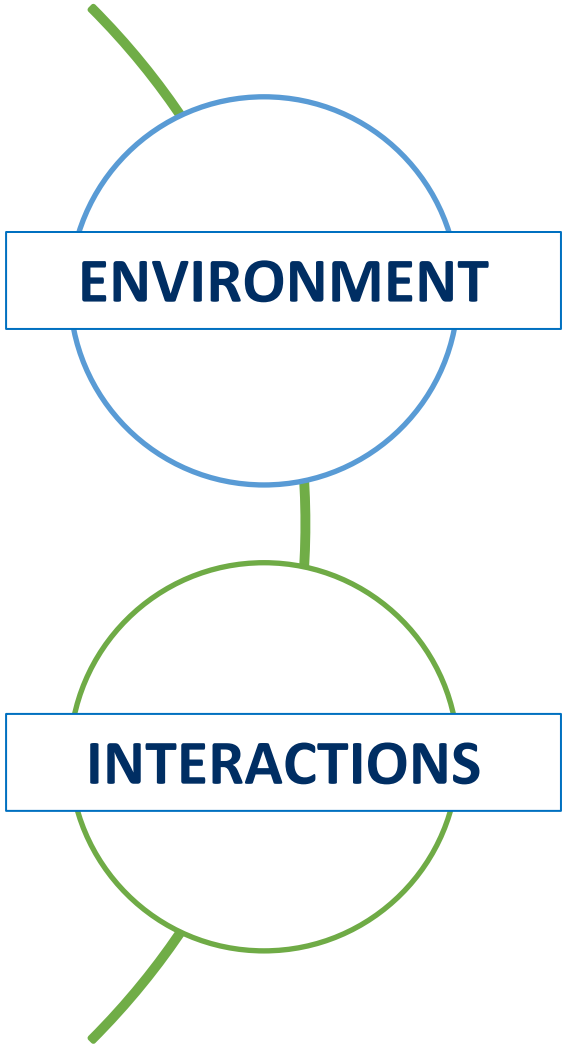
What are the principles of trauma-informed care?

SAFETY	TRUST-WORTHINESS	CHOICE	COLLABORATION	EMPOWERMENT
Physical and emotional	Clarity around goals, tasks, and boundaries	Prioritizing patient choice and control	Patient and provider share power	Maximizing patient skill-building and self-efficacy

Perinatal TIC: The Provider Experience



Perinatal TIC: The Patient Experience



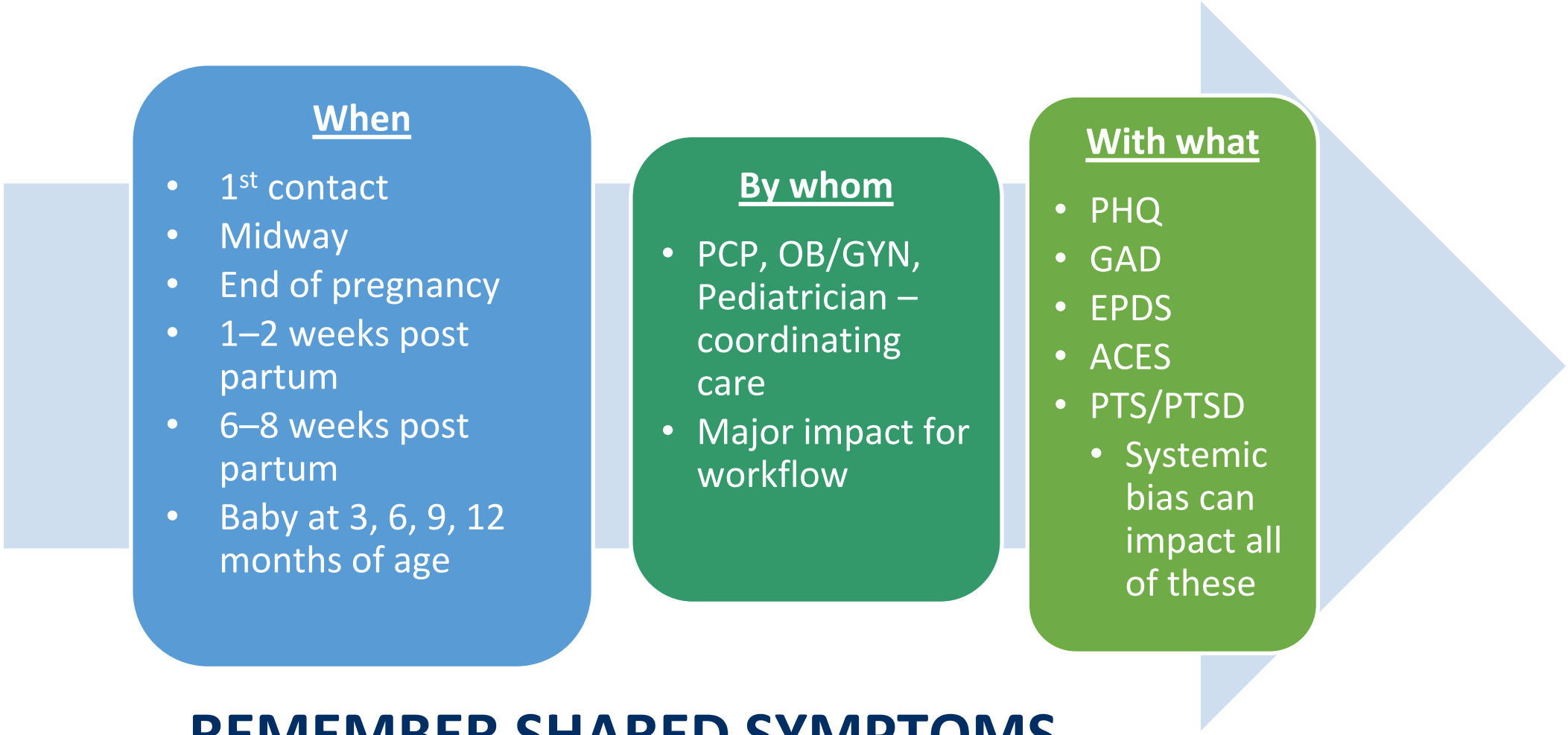
- Patient spaces
- Forms
- Staff presentation

- Make trauma screening routine
- Focus on building a relationship
- Clear, concise, multi-format communication
- Be consistent and reliable
- Regular check-in re: preferences and comfort

TIC in Action

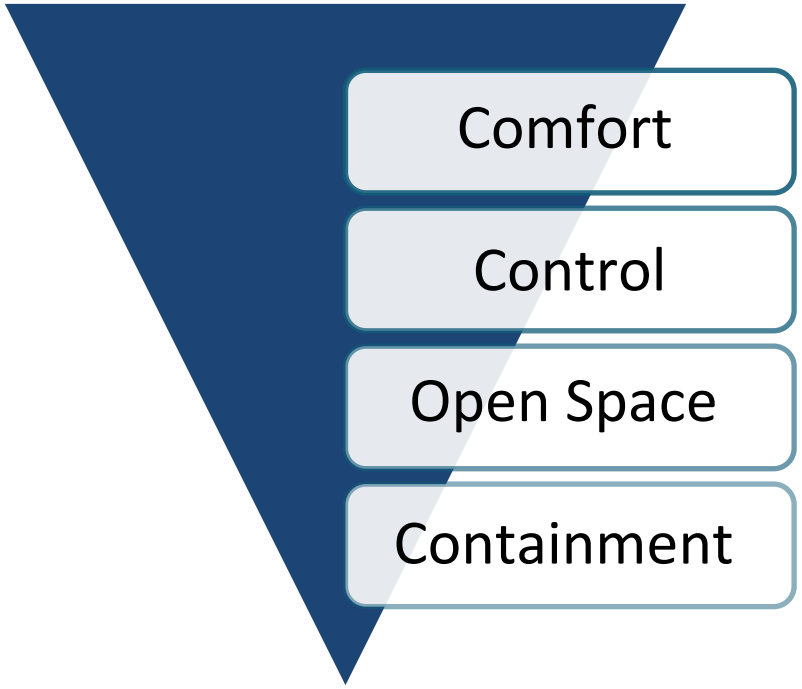
TIC Principal	Defined	Related Action
Safety	The experience of physical and emotional safety	• Waiting areas and exam space is clean, uncluttered, has clear sight lines, and an opportunity for "back to wall" • Seek permission to touch patients • Ask patients if they have any concerns, fears, or anxieties about this visit and what can be done to help them feel safe
Trustworthiness	Clear, consistent communication and action surrounding goals, tasks, and boundaries	• Doing what you say you will do • Explaining communication pathways • Collaboratively defining goals • Defining boundaries • Being consistent and responsive to a patient's needs
Choice	Taking actions that prioritize a patient's choice and control	• "Now that we've discussed the plan, where would you like to begin?" • Or "Which of these approaches would you like to try?"
Collaboration	Sharing of power with the patient	• Seeking patient input • Options are explained • Patients are involved, and respected, in their decisions
Empowerment	Maximizing patient skill-building and self-efficacy	• Encouraging skill-building and self-efficacy • Bringing attention to positive outcomes

Perinatal TIC: screening recommendations



REMEMBER SHARED SYMPTOMS

Perinatal TIC: Assessment



Comfort
- Physical comfort

Control
- Offer patient control over situation and environment

Open space
- Uncluttered
- Open sight lines
- Access to exit

Containment
- Introduce and explain question sets
- Don’t ask for detailed accounts
- Ask specific questions about impact
- Normalize reactions
- Highlight resilience (survival)

Resources:
1. Trauma Informed Care in Behavioral Health Services
2. Questions patients can ask themselves about their experience/situation

Perinatal TIC: Intervention Planning

Education

- Ask permission to share information with them
- Include information about options for modalities, contact frequencies, contact initiation, etc.

Co-construct Intervention Plan

Ask questions that put them in control

→ What do they need to feel safe in the process?
→ What do they think would work best for them?
→ What do they feel ready to try?

Perinatal TIC: intervention goals

Support

- Who is on their support team?
- Who can they turn to when?

Relief

- Self-care activities
- BA
- PST
- Brief Trauma Interventions
- Medication

Resilience

- What worked/what is in their control?
- How to incorporate those tools
- What didn't work/new approach?
- Normalize the process of success and set-backs

Perinatal TIC: when and how to refer

Referring out

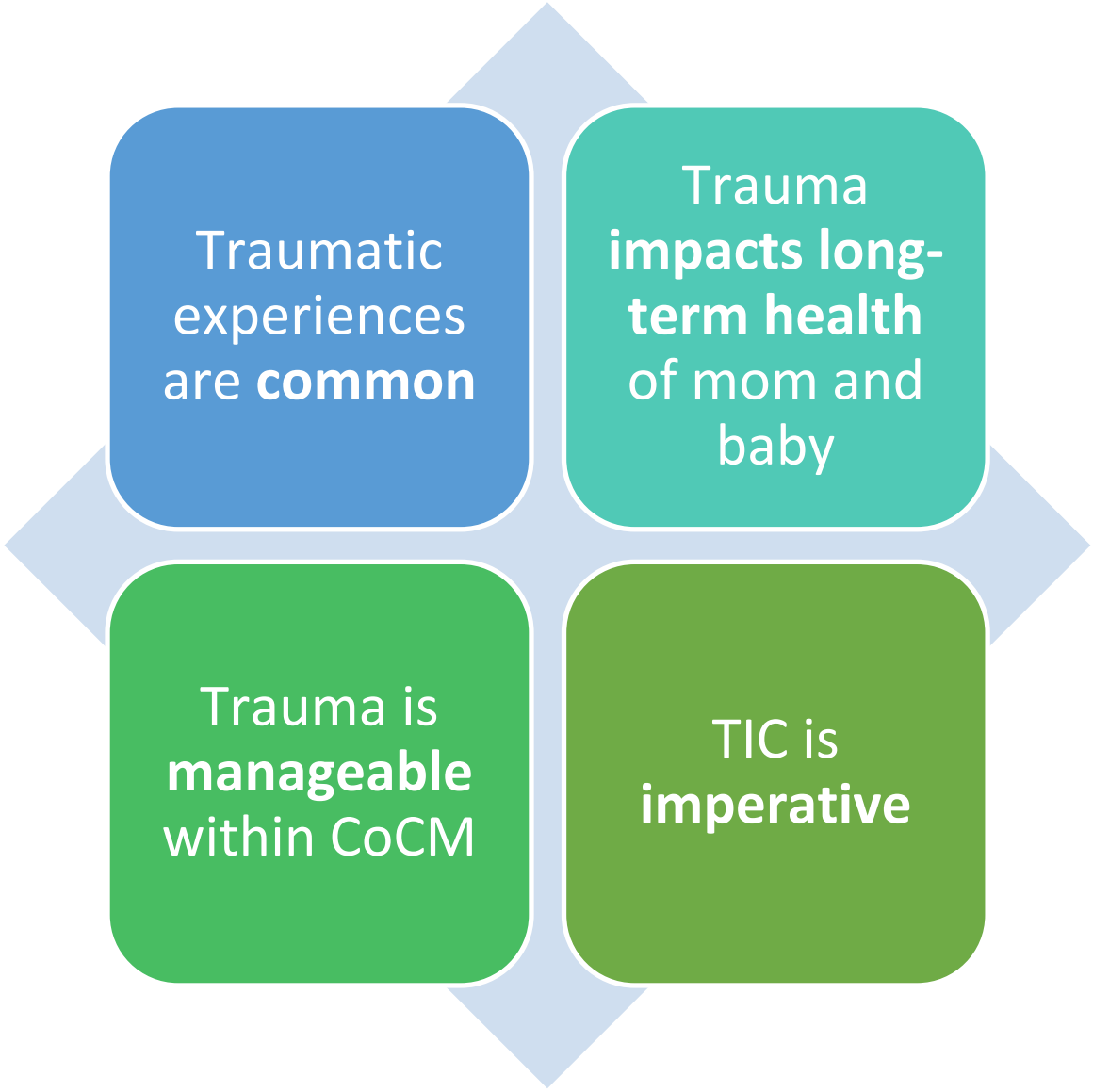
- CoCM and community-based care are not mutually exclusive
- Allow patient to have control over as many factors as possible
- Have a well-curated resource base for relevant, accessible care

Supporting the referral process

- BHCM or another embedded MH provider in the practice
- Finding a provider
- Connecting with a provider

REMEMBER: 1st disclosure needs to land on receptive/supportive ground regardless of program ability to manage it

Takeaways


Traumatic experiences are **common**
Trauma **impacts long-term health** of mom and baby
Trauma is **manageable** within CoCM
TIC is **imperative**

Resources

- MC3
  Approach to Trauma - MC3 Perinatal (depressioncenter.org)
- MOM POWER program
  https://medicine.umich.edu/dept/psychiatry/programs/zero-thrive/clinical-service/mom-power

Questions/Comments

Sources

Delap, N. (2021). Trauma-Informed Care of Perinatal Women. In: Abbott, L. (eds) Complex Social Issues and the Perinatal Woman. Springer, Cham.doi: 10.1007/978-3-030-58085-8_2

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Ward, L. G. PhD.(2020) Trauma-Informed Perinatal Healthcare for Survivors of Sexual Violence. The Journal of Perinatal & Neonatal Nursing: July/September 2020 - Volume 34 - Issue 3 - p 199-202 doi: 10.1097/JPN.0000000000000501

Zero to Thrive: Mom Power Program: https://medicine.umich.edu/dept/psychiatry/programs/zero-thrive/clinical-service/mom-power