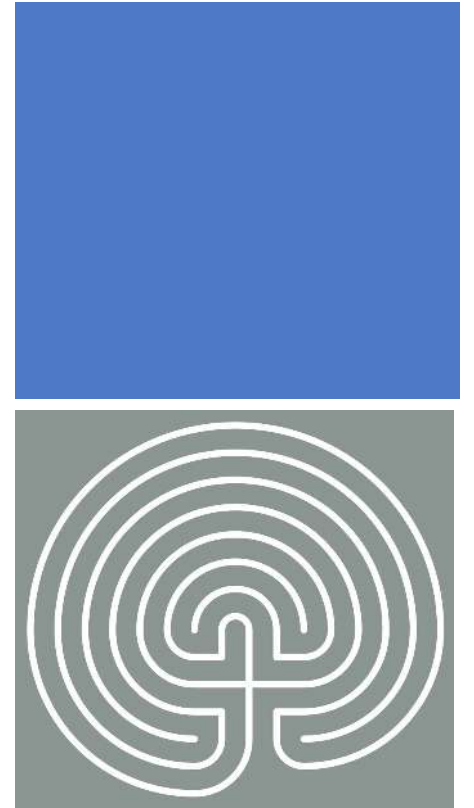


Foundations for Trauma-Informed and Trauma-Responsive Care



Essentials for Caring for Families Affected by Perinatal Substance Exposure

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Disclosure

The content of this presentation does not relate to any product of a commercial entity; therefore, I have no relationships to report.





Learning Objectives

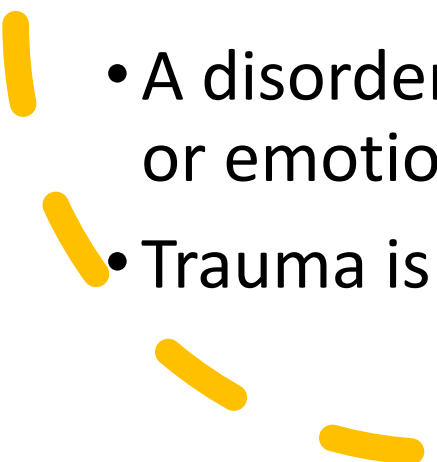
- State the definition of trauma
- Identify key elements of trauma-informed care (TIC)
- Describe why TIC and implementing trauma-responsive care (TRC) practices are important in caring for families affected by perinatal substance use
- List 2 resources to learn more about TIC

*“There are other ways of belonging
to the world than those that were
handed down to me”*

~ Sharon Blackie



Trauma Definitions

- Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Services Administration, SAMHSA)
 - A disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury (Websters)
 - Trauma is not an event, it is the response to an event
- 

Types of Trauma

- Single Incident/Acute Trauma – a single traumatic event, clear beginning and end, often shared with others (natural disaster, car accident)
- Chronic Trauma – multiple traumatic exposures/events over extended period of time
- Complex Trauma – multiple traumatic events, usually involving a relationship with a person who is supposed to be safe
- Attachment Trauma/Neglect – disruption in bonding
- Moral/Decision Trauma– perpetrating or failing to prevent acts that transgress deeply held moral beliefs
- Transgenerational/Intergenerational Trauma– transmission of historical oppression and the negative consequences across generations
- Secondary/Vicarious Trauma – exposure to the trauma of others and the consequential impact

Impact of Trauma



Individual levels

- Isolation, shame, anger, self-hatred, fear of authority, low self-esteem, self-destructive behaviors, acting aggressively

Family levels

- Unresolved grief, difficulty with parenting effectively, family violence, loss of identity

Community and societal levels

- Loss of connectedness and collective support, increased suicide rate, communal violence, dependency

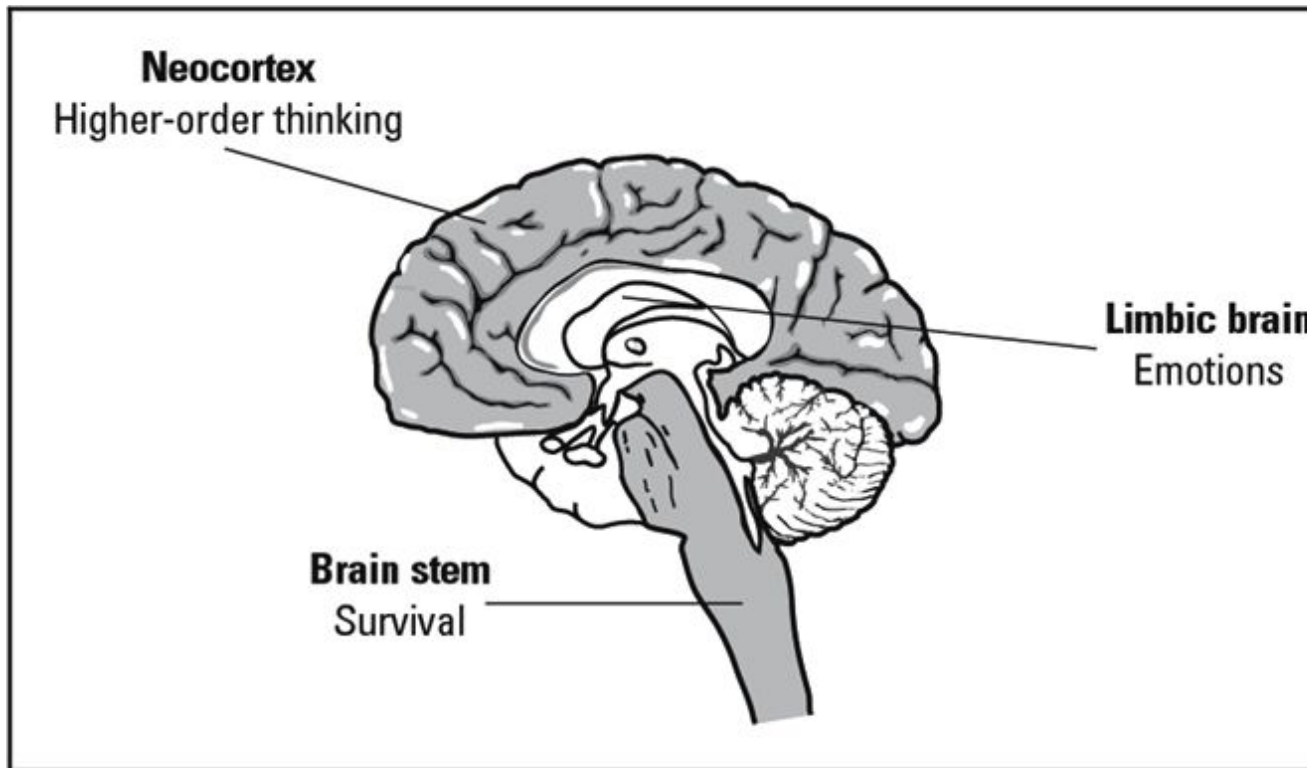
FACTORS AFFECTING THE IMPACT OF TRAUMA

- Child's age and stage of development
- Prior history of trauma
- Intelligence
- Strengths and vulnerabilities of personality style; coping and resiliency skills
- Individuals culturally-based understanding of the trauma

- Immediate reactions of caregivers or those close to child
- Type of, quality of, and access to constructive supports
- Attitudes and behaviors of first responders and caregivers
- Degree of safety afforded the victim in the aftermath
- Prevailing community attitudes and values
- Cultural and political constructions of gender, race, and sexual orientation

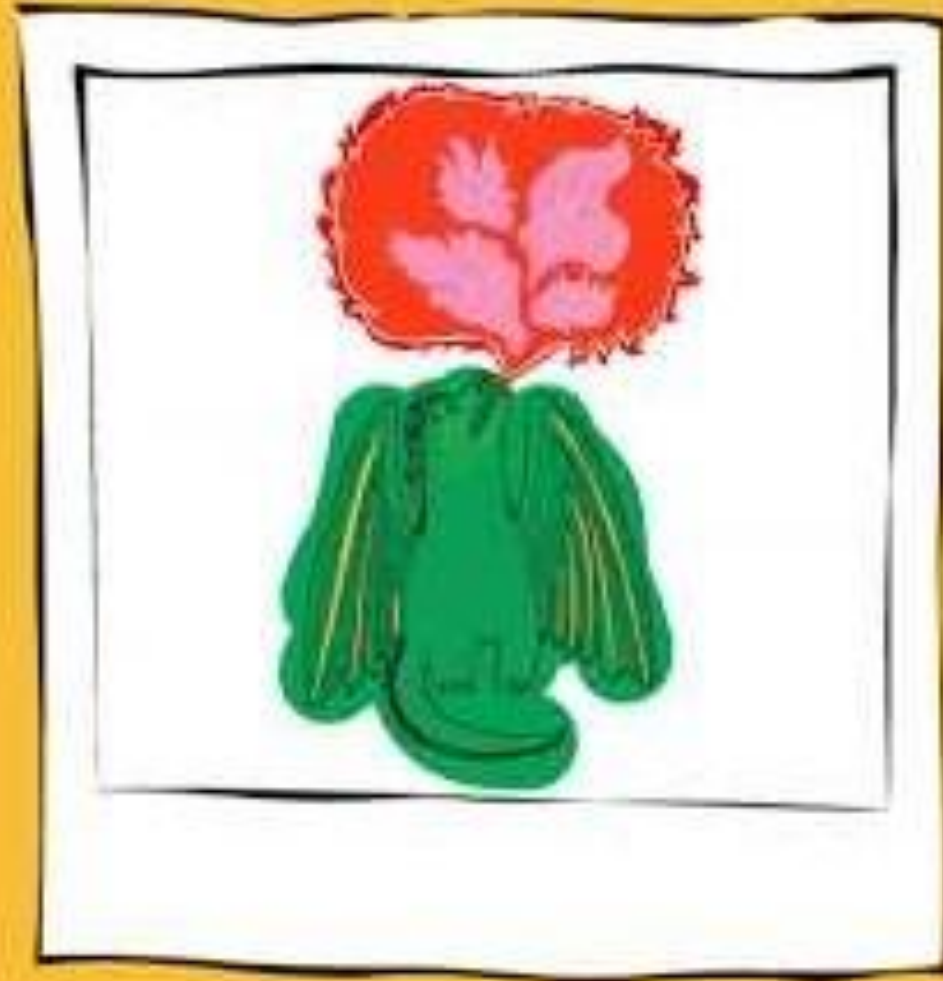
- Frequency, severity, and duration
- Degree of physical violence and bodily violation
- Level of terror and humiliation involved
- Persistence of threat
- Physical and psychological proximity to the event (i.e., when person is not the victim)

Trauma Response – What is Happening?



- Perception of threat leads to protective, habitual response
- Fight-Flight-Freeze
- Limbic brain - activated
- Frontal cortex - offline

Trauma and the Brain

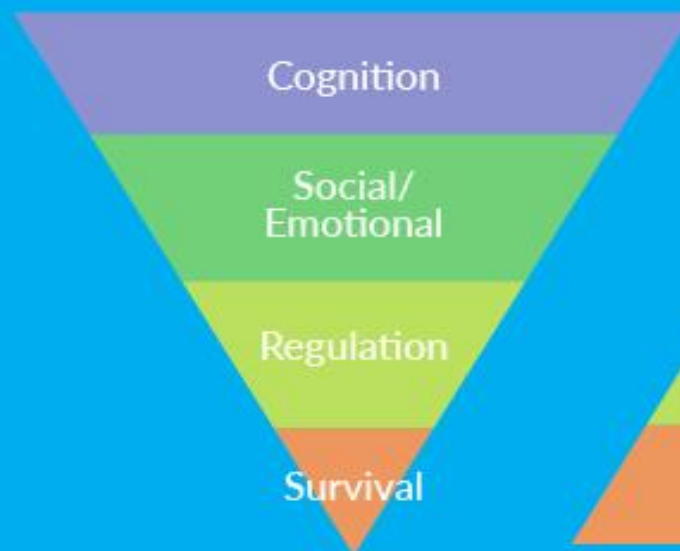


Trauma & Brain Development



- Reptilian Brain
- Limbic System
- Neocortex

Typical Development



Developmental Trauma



Adapted from Holt & Jordan, Ohio Dept. of Education

Common Triggers of a Trauma Response



TRANSITION



LOSS OF CONTROL



UNPREDICTABILITY
OR SUDDEN
CHANGE



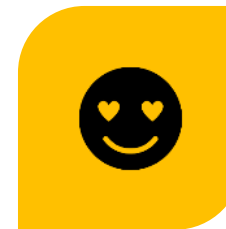
LONELINESS



FEELING
VULNERABLE OR
REJECTED



CONFRONTATION



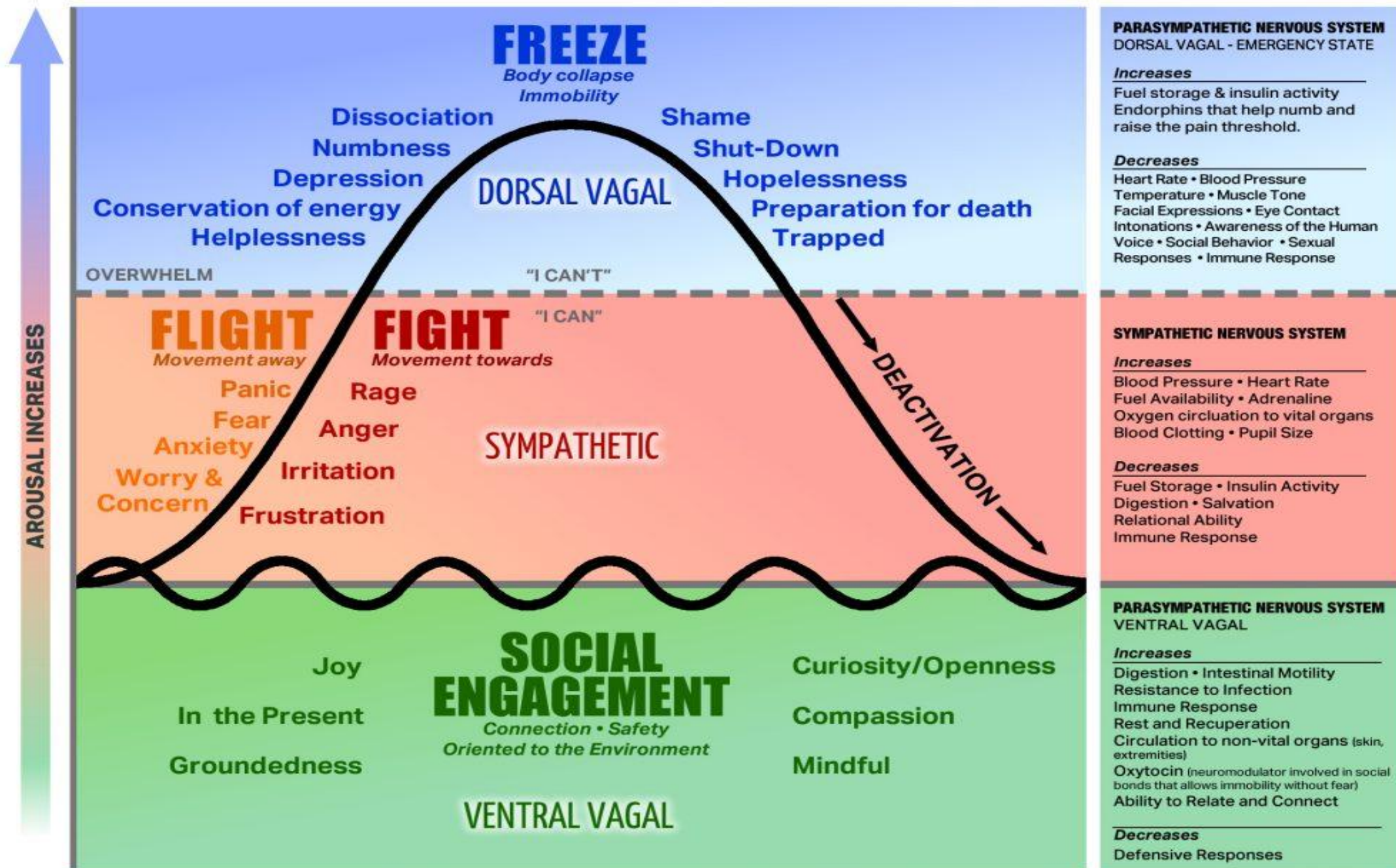
PRAISE, INTIMACY,
AND POSITIVE
ATTENTION



SENSORY
OVERLOAD

(Adapted from ARC, Kinniburgh & Blaustein, 2010)

Why TIC?



TRAUMA-INFORMED CARE



- Understanding of trauma in **all aspects of service delivery** and place priority on the individual's **safety, trust, choice, and control**.
- **Does not require disclosure of trauma.**
- **Overall essence of the approach/relationship** vs. specific treatment strategy or method.



Trauma-Informed Care

“is an approach to engaging people with histories of trauma that recognizes the presence of traumatic symptoms and acknowledges the role that trauma has played in their lives.”

(SAMHSA)

Trauma Awareness



Trauma Specific

- Interventions with the intention to reduce symptomology
- Promote healing
- Teach skills
- Provide education and resources
- Evidenced based models

Trauma-Informed or Trauma Sensitive

- Awareness of existence of trauma
- Compassionate approach to individuals and groups
- Universal precautions for our communication in words and actions
- Organizational culture that promotes trauma-informed policies and practices

4 Rs of Trauma-Informed Care (SAMHSA)



Realize – widespread impact of trauma, including on yourself, and the opportunities for healing and recovery



Recognize – signs and symptoms in individuals and communities, our own biases, traumas, triggers and judgments



Respond – integrate knowledge into individual and system response



Resist Re-Traumatization

Realize the Widespread Impact – ACES

Nadine Harris:



Adverse Childhood Events Study “ACES”

- 1998, Felitti
- 17,000 Kaiser Permanente HMO participants
- 1 in 4 exposed to 2 categories of ACE; 1 in 16 to 4
- 22% sexually abused as children
- 66% of the women experienced abuse, violence or family strife in childhood
- Key finding – childhood experiences are powerful determinants of health outcomes including physical, mental and social well-being



Adverse Childhood Events - ACEs

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

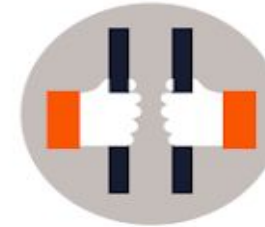


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

ABUSE

Physical Abuse 28.3%

Sexual Abuse 20.7%

Emotional Abuse 10.6%

percentage of study participants
that experienced a specific ACE

NEGLECT

Emotional Neglect 14.8%

Physical Neglect 9.9%

HOUSEHOLD DYSFUNCTION

Household Substance Abuse 26.9%

Parental Divorce 23.3%

Household Mental Illness 19.4%

Mother Treated Violently 12.7%

Incarcerated Household Member 4.7%

Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



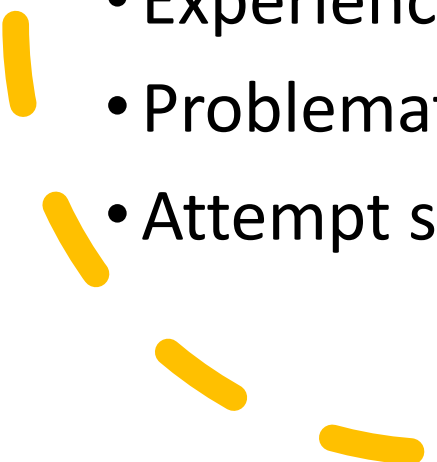
COPD



Broken bones



Individuals with 4 or more ACEs have higher risk of poor health outcomes:

- Anxiety – 3.7 x more likely (than those with less than 4 ACEs)
 - Depression – 4.4 x more likely
 - Illicit drug use – 5.6 x more likely
 - Problematic alcohol use – 5.8 x more likely
 - Experience violence victimization in adulthood – 7.5 x more likely
 - Problematic drug use – 10.2 x more likely
 - Attempt suicide – 30 x more likely
- 

Realize the Widespread Impact of Trauma

- Understanding Substance Use Disorder, Addiction and Recovery

- Addiction: The American Society of Addiction Medicine (ASAM) defines Addiction as a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- Complex interaction between genetics, epigenetics, brain chemistry, environment, behavior
- Treatable
- 10% of the population – CDC, SAMHSA
- High incidence of trauma
- Recovery - shame and isolation vs resilience and connection

DSM V Diagnostic Criteria: Substance Use Disorder

SEVERITY: 2-3: mild 4-5: moderate 6 or more: severe

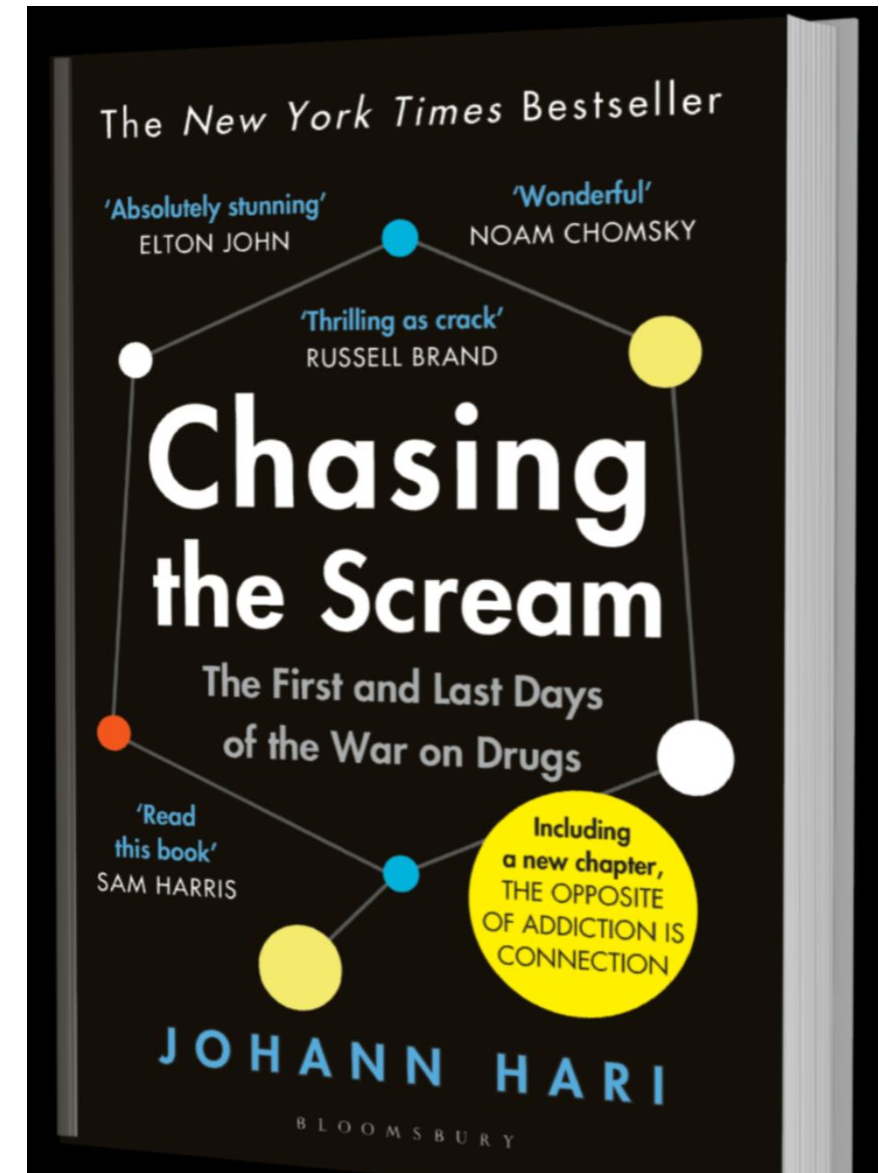
1. Taking the substance in larger amounts or for longer than you meant to.
 2. Wanting to cut down or stop using the substance but not managing to do so.
 3. Spending a lot of time getting, using, or recovering from use of the substance
 4. Cravings and urges to use the substance
 5. Not managing to do what you should at home, work, or school because of substance use
 6. Continuing to use, even when it causes problems in relationships
 7. Giving up important social, occupational, or recreational activities because of substance use
 8. Using substances again and again, even when it puts you in danger
 9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance
 - *10. Needing more of the substance to get the effect you want (tolerance)
 - *11. Development of withdrawal symptoms, which can be relieved by taking more of the substance
- *Criteria not met if taking prescribed drugs under supervision

“The opposite of addiction is connection”

“Our findings... imply that the basic causes of addiction lie within us and the way we treat each other, not in drug dealers or dangerous chemicals,”
Dr. Felitti


Johann Hari – “Chasing the Scream” 2015

TED Talk

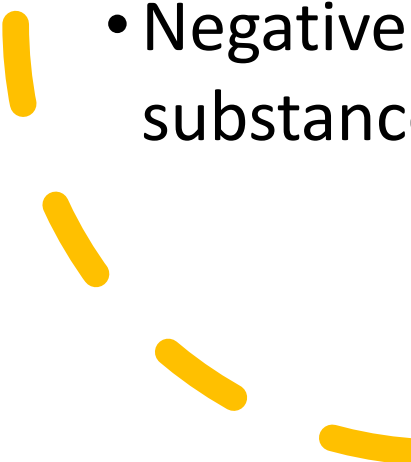


Realize the Widespread Impact of Trauma – Perinatal and Neonatal Experiences

- Birth - a potentially traumatic event
 - Birth-related PTSD – 15.7% of women in at risk populations at 6 weeks postpartum (Cirino & Knapp, 2019)
- Hospital environment – unknown, unexpected, loss of control, fear of outcome, mistrust of health care providers/system
- NICU family experience – separation from infant or family, unfamiliar and high-tech environment, extended stay adding stress on family relationships etc.
- NICU staff experience – secondary trauma in staff
- Families experiencing complex social issues



Mother's/parent's experiences with infant with NAS

- Experience shame and guilt as they watch their babies withdraw
 - Health care providers do not have current understanding of addiction
 - Feel judged and stigmatized
 - Find it difficult to trust
 - Worried about having their baby taken away
 - Negatively affected by lack of provider sensitivity to parental substance use disorder and maternal guilt
- 

4 Rs of Trauma-Informed Care (SAMHSA)



Realize – widespread impact of trauma, including on yourself, and the opportunities for healing and recovery




Recognize – signs and symptoms in individuals and communities, our own biases, traumas, triggers and judgments



Respond – integrate knowledge into individual and system response



Resist Re-Traumatization

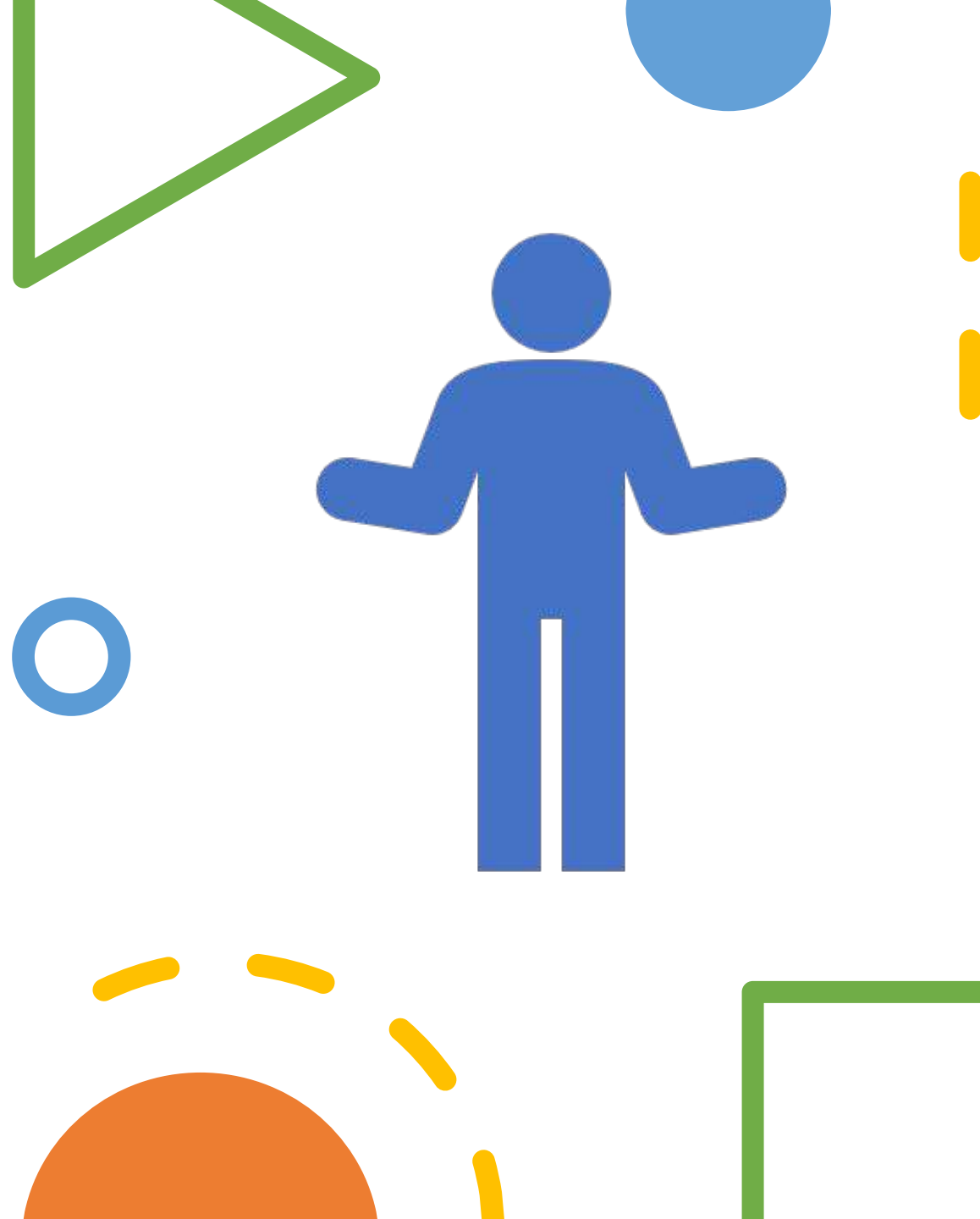


Common Triggers of Trauma Response

- Unpredictability or sudden change
- Transition
- Loss of control
- Feeling vulnerable or rejected
- Loneliness
- Sensory overload
- Confrontation
- Praise, intimacy, and positive attention

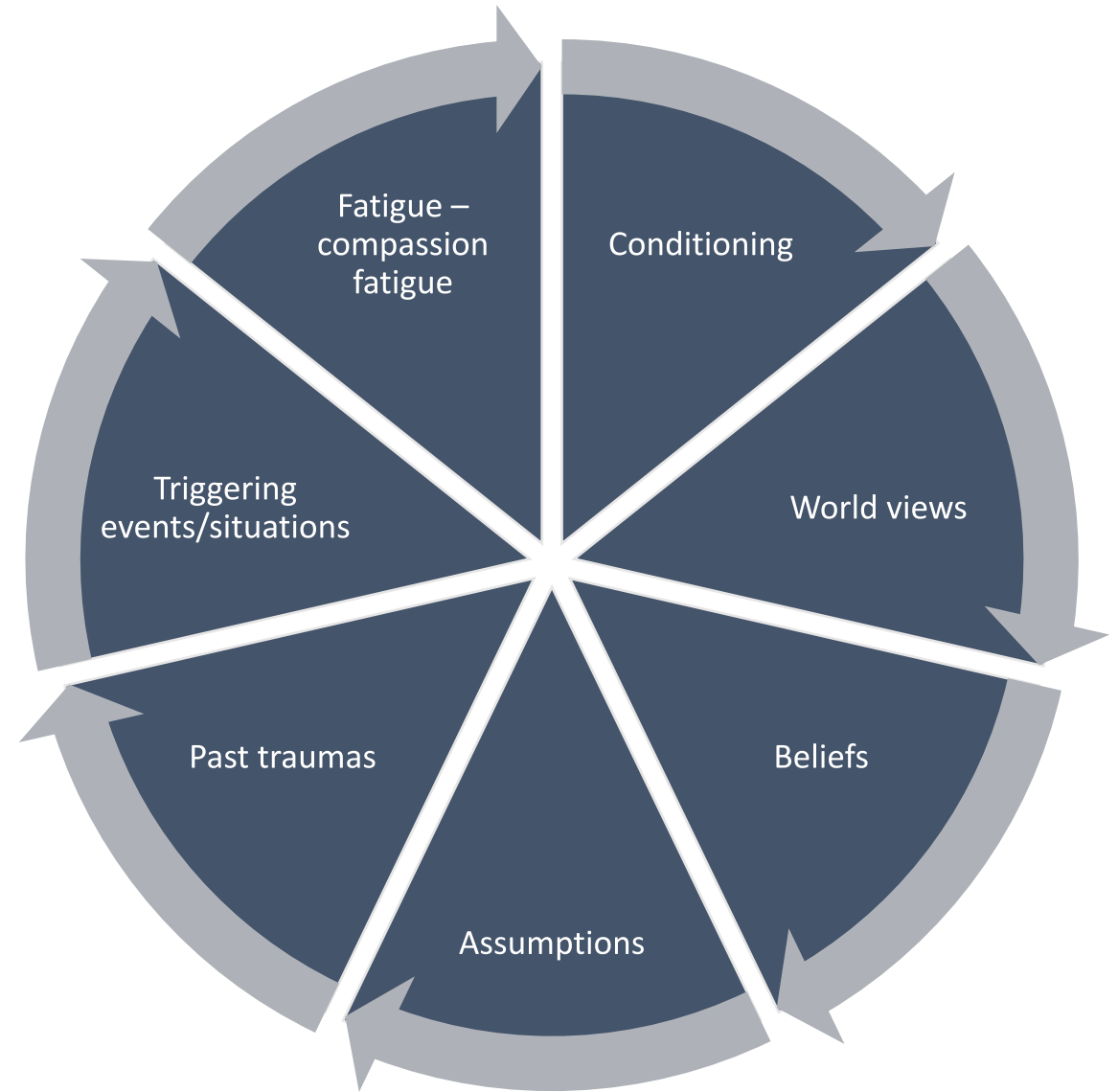
Signs of Stress Response

- Startle
- Fleeing
- Feeling or expressing irritability or anger
- Aggressive behavior
- Oppositional behavior
- Feeling or acting out of control
- Unable to process new information, recognize cues or plan
- Feeling or expressing fear or anxiety





Recognize our own...



4 Rs of Trauma-Informed Care (SAMHSA)



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Resist Re-Traumatization



Trauma— Responsive Care

The specific behaviors and actions
taken using a trauma-informed lens



Take a “universal precautions” approach

- Assume:
 - All people have had some trauma that affects them to varying degrees and is affected by different settings and experiences (triggers)
 - All people are doing the best they can with the resources they have in any moment
 - Your interactions have an effect on another person – seen or unseen



6 Key Principles of Trauma-Informed Care – SAMHSA

1. **Safety:** Includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's comfort or unease.
2. **Transparency and Trustworthiness:** Includes maintaining boundaries and providing full and accurate information about what is happening and what is likely to happen next.
3. **Peer Support:** Includes support and self-help services, recognition of the importance of peers in healing and recover.
4. **Collaboration and Mutuality:** Includes the recognition that healing happens in relationships and partnerships with shared decision making. It is a conscious leveling of the power among consumer and provider.
5. **Empowerment, Voice, and Choice:** Includes the recognition of the need for an approach that honors the individual's dignity and strengths. These strengths are built on and validated by the interaction with the health care professional. It includes the use of shared decision making, promotion of self-advocacy, and the consumer's unique concept of recovery.
6. **Cultural, Historical, or Gender Issues:** Provide care that considers an individual's cultural background and family history, including generational trauma and experiences as a family or within a cultural group. It considers oppression and discrimination based on race, ethnicity, religion, gender, or sexual orientation and offers services that are sensitive to all issues.

4 Rs of Trauma-Informed Care (SAMHSA)



Realize – widespread impact of trauma, including on yourself, and the opportunities for healing and recovery



Recognize – signs and symptoms in individuals and communities, our own biases, traumas, triggers and judgments



Respond – integrate knowledge into individual and system response



Resist Re-Traumatization



Resist Re-Traumatization

- Identify common scenarios in your setting that are stressful or potentially triggering for families and staff
- Use curiosity and empathy to expand compassionate communication
- Learn more about perinatal substance exposure, addiction/SUD, trauma
 - Courses
 - Journal club
 - Engage in community
- Engage families with lived experience in quality improvement
- Identify resources to address social determinants of health
- Expand network of supports and resources for individuals, staff and organization



If you can't be
compassionate, can you be
curious?

What Happened to You? <https://youtu.be/dF20FaQzYUI>





Becoming Curious

- What can you imagine for your own possibilities of engaging with mothers, parents, families in their transition to parenthood and in their transformation in recovery?
- What can you hope for their experience, their knowing, their potential?
- What is needed to hold your imagination, to be in a place of curiosity, hope and possibility with a trauma-informed lens as you care for families of infants with NAS/NOWS?

Resources



- Harm Reduction Coalition - <https://harmreduction.org/>
- Johann Hari – “Chasing the Scream” 2015

TED Talk

https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare

- National Council for Behavioral Health - <https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>
- SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach - <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA), Clinical Guidance for Treating Pregnant and Parenting Women with Substance Use Disorder - <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf>
- Trauma Informed Care Project - <http://traumainformedcareproject.org/>

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