Trauma Informed Approaches to Perinatal Mental Health Care

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Disclosures

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What is Trauma?

“Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.”

SAMHSA, 2014
Experiences of trauma are widespread

- Majority of individuals (50-90%) have had exposure to a traumatic event in their lifetime
- Interpersonal Violence (IPV) is more common in pregnant women than gestational diabetes

Kessler et al., 1995; Dabelea et al., 2005
Maternal trauma can negatively impact one’s pregnancy, postpartum experience and infant health.

- Exacerbation of perinatal mood and anxiety disorders
- Poor maternal infant bonding
- Reduced or early cessation of breastfeeding
- Preterm birth risk
- Low birth weight
- Dysregulation in fetal neurobiological systems

Yonkers et al., 2014; Brand et al., 2010; Meltzer-Brody et al., 2013; Muzik et al., 2016; Smith et al., 2016
Adverse Childhood Experiences: in the soil and the air

From the Center for Community Resilience https://ccr.publichealth.gwu.edu/
Women with past trauma and ACES are more likely to experience...

- Substance use disorders
- Suicide attempts
- Adolescent pregnancy
- Fetal death
- Medical co-morbidities

Hills et al., 2004; Feliti et al., 2019
ACE are more prevalent among perinatal women in OUD treatment

65% had an ACE score of 4 or more (average ACE score 4.3 vs 1.4 in a survey sample)

16-26% of pregnant women with OUD are diagnosed with PTSD

Gannon et al Comm Mental Health 2020
Co-morbidity of PTSD and mental health disorders

- Pregnant women with OUD and PTSD are *twice* as likely to have a mood disorder.
- Patients with borderline personality disorder are *twice* as likely to develop PTSD.
- Anxiety and depression are highly comorbid with PTSD.

Golier et al., 2003
Trauma and Stress-Related Disorders

4 categories of symptoms

- Intrusion symptoms
- Avoidance
- Negative alterations in cognitions and mood
- Alterations in arousal and reactivity (i.e. sleep disturbances)

Time frames

- Acute Stress Disorder: 3 days to 1 month
- PTSD: >1 month
- Delayed onset - >6 months after stressor

DSM-V
There is no one size fits all approach to trauma and stress-related disorders

- Functional impact
- Heterogeneity:

636,120 ways to have PTSD

Galatzer-Levy and Bryant 2013
High resilience is associated with lower rates of stressful events during pregnancy

High level of resilience can **mitigate** the relationship between traumatic experiences and multiple adverse outcomes such as depression, substance use disorders, PTSD, and suicidal behaviors.

**Lower rate** of postpartum depression and PTSD

**Higher rates** of Maternal Self-efficacy

**Supporting relationships** is the most important contributing factor to resilience

(Narayan et al, 2018; Sexton et al., 2015)
Trauma impacts health care

A history of ACE associated with a multitude of health problems

Health care services can be (re) traumatizing

Prior trauma can influence how care is engaged with
Health care can be re-traumatizing

**Interpersonal factors**
- Power dynamic between provider and patient
- Gender of provider/patient
- Lack of privacy (physical/emotional)

**Physical factors**
- Exposure during examination
- Discomfort due to symptoms or examination/procedure
- Positioning
- Physical touch
In obstetric settings, trauma and PTSD symptoms often go unnoticed.

<table>
<thead>
<tr>
<th>Patients do not disclose because of...</th>
<th>Providers do not inquire because of...</th>
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<tbody>
<tr>
<td>Shame</td>
<td>lack of training</td>
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<tr>
<td>Helplessness</td>
<td>Insufficient time</td>
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<tr>
<td>Stigma</td>
<td>Perceived short supply of support resources</td>
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<td>Fear of partner retaliation</td>
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<td>Fear of child protective service involvement</td>
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Six core principles of Trauma Informed Care

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Acknowledgment
Shifting the paradigm

What's wrong with you?

What happened to you?
Trauma Informed Care should be applied universally
Utilize TIC principles in all aspects of care.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Policies</th>
<th>Attitudes/Beliefs</th>
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<tbody>
<tr>
<td>Calm and clean</td>
<td>“No wrong door”</td>
<td>Patient centered</td>
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<tr>
<td>Privacy</td>
<td>Clear and transparent policies</td>
<td>Asking questions, not making assumptions</td>
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<td>Accessibility</td>
<td>Language accessibility</td>
<td>Honoring differences in coping</td>
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<tr>
<td>Pleasant</td>
<td>Seeking feedback</td>
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<td>CAN DO approach</td>
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Thinking about implementation

A Trauma informed care organization...

Realizes that trauma is prevalent and widespread

Recognizes trauma affects everyone in the system – patients and workforce

Responds by integrating TIC into all levels of operation
Universal screening in obstetric visits is an opportunity to:

- Proactively address risk
- Engage patient in targeted interventions
ACOG Committee Opinions recommend screening for trauma, PTSD and IPV

<table>
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<tr>
<th>Childhood Traumatic Experiences</th>
<th>Adverse Childhood Experiences (ACES) Questionnaire: 10 item self-report scale, extensive literature shows association between higher ACES and poor mental and physical health outcomes</th>
</tr>
</thead>
</table>
| PTSD (veterans only)           | Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) 5 item screen designed for use in primary care  
PTSD Checklist for DSM-5 (PCL-5) 20 item self-report measure that can be utilized for a positive screen on the PC-PTSD-5 |
| IPV                            | Humiliation, Afraid, Rape, Kick (HARK): 4 questions that assess emotional and physical IPV in the past one year  
Hurt/Insult/Threaten/Scream (HITS):  
4 items that assess the frequency of IPV  
Woman Abuse Screening Tool (WAST):  
8 items that assess physical and emotional IPV |
Prepare to discuss trauma with each patient

Practice Personal Preparation: 4 C’s

Be Calm

Care for the patient and yourself

Contain the Interaction

Focus on Coping
Utilize TIC principles when gathering and assessing history of trauma

**ASSESSING RECENT TRAUMA**

Ask about Intimate Partner Violence (IPV) in private

Utilize professional interpreters if needed

If IPV endorsed
  ◦ Affirm that this is not okay
  ◦ Offer warm handoff to support services
  ◦ Remain accessible

**ASSESSING PAST TRAUMA**

Should **NOT** request detailed account

Inquire about current coping/management

Engage in longer term trauma focused work
Trauma-Informed care interventions and referral options

- **Psychotherapy**: First line treatment for PTSD (TF-CBT, EMDR)
- **Pharmacotherapy**: SSRI’s for comorbid depression/anxiety, second generation antipsychotics for targeted symptoms (i.e. anger, impulsivity, nightmares)
- **Mother-Infant Dyad Interventions**
- **IPV Support**
A trauma-informed system proactively addresses the needs of providers

Creates a space for providers to reflect on patient experiences

Engage in resiliency building

Protect against compassion fatigue and burnout

SAMHSA, 2014
Resilience in an organization looks like...

- Resources for staff well-being
- Flexible policies (i.e. voluntary huddles, not mandatory debriefing)
- Clear communication
- Training and learning opportunities
- Attention to team morale
How can we implement TIC now?
**Challenge:**
During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.

**Risk factors include:**
- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery
What Providers Can Do:

Remember that the principles of trauma-informed care are more important now than ever.

• Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
• Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.
• Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback.
What Providers Can Do:

- Describe in detail the process for telemedicine visits and for arriving at the hospital.
- Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.
- Encourage creative means of support like including a doula or birth partner via video-chat.
- Reassure women that visitation policies have evolved to include increased birth support.
What Providers Can Do:

• Discuss that hospitals and accredited birth centers remain the safest settings for delivery.
• Carefully weigh risks and benefits of home births if a woman is considering this option.
Challenge: During this time, there is concern that all perinatal women are at increased risk for mental health conditions.

What Providers Can Do

For All Women:

- Discuss concerns about labor, birth, and the postpartum period
- Identify sources of support
- Refer to mental health providers for individual, group therapy, and/or medication treatment as indicated
- Therapy, peer support, and medication treatment is still available via telemedicine visits
For Women with Trauma-Related Disorders:

- Be aware of signs of prior trauma.

**Signs of Prior Trauma**

- Avoidance of prenatal care
- Unusual fear of needles, IVs, or medical procedures
- Extreme sensitivity about bodily exposure
- Recoiling when touched during an exam
For Women with Trauma-Related Disorders:

- Screen for safety and privacy prior to and during virtual visits.
- Optimize trauma-responsive approaches by promoting autonomy and choice when able.
- Ask for permission prior to physical contact, and narrate the steps to procedures in advance, including what physical sensations might be experienced.
- Maximize privacy whenever possible.
For Women with Trauma-Related Disorders:

- Involve the woman in decisions regarding her obstetric care and offer choices whenever feasible.
- Explain before labor what emergency interventions may be necessary.
- Minimize loud directives or commands.
- Be aware of nonverbal communication, and sit when speaking rather than standing over patient, whenever possible.
Delivering and receiving care has been more challenging
Patient Handout: Taking Care of Yourself During COVID-19

Download here: https://www.mcpapformoms.org/docs/PatientCOVID19.pdf
Download here: https://www.mcpapformoms.org/Docs/ProviderCOVID19final.pdf
Leadership

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References


Call 1-855-Mom-MCPAP

www.mcpapformoms.org

Thank you!

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