Survivor Moms' Companion and MIHP: Increasing capacity for trauma-informed care and intervention







What is Trauma Informed Care?

- Recognizing that the physiology of traumatic stress can make healthcare experiences difficult: agitation, feeling unsafe, avoidance, sweaty, anxious, lost thoughts
- Recognizing historical, gender-related and cultural traumas
- Knowing how to provide care in a way that calms or prevents traumatic stress
- Being able to identify and intervene for traumatic stress

1 in 5 is a survivor — Childhood maltreatment Sexual trauma

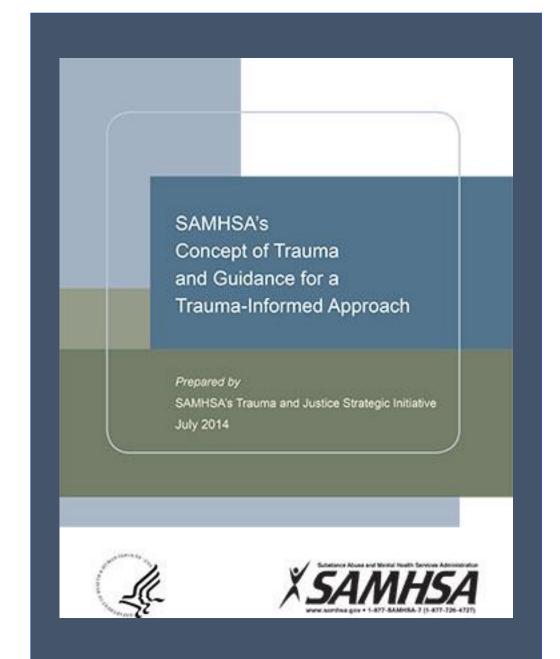
6 Guiding Values

- <u>Safety</u> physical and psychological
- <u>Trustworthiness & Transparency</u> decisions and processes are conducted with transparency with the intention of building trust
- <u>Peer Support & Mutual Self-Help</u> integral organizational approach that supports building trust, establishing safety, and empowerment
- <u>Collaboration & Mutuality</u> leveling of power differences; shared decision-making
- <u>Empowerment, Voice, & Choice</u> individuals' strengths are validated and build upon; prioritizing skill/capacity building. Belief in resilience and ability of individuals
- <u>Cultural, Historical, & Gender Issues</u> recognizes and addresses cultural stereotypes, biases, and historical trauma

SAMHSA's Guidance

- Developed by Professionals and Survivors
- Evidence-Based
- Six key principles
- All interventions are most effective in a trauma-informed environment
 - every team member counts.

https://ncsacw.samhsa.gov/user files/files/SAMHSA Trauma.pdf



We must address the unmet mental health needs of Survivor Parents

- Pregnancy & early parenting is a critical window for population health
- Outcomes are starkly worse for Black and Indigenous families
- Lancet special issue 2014 gave the mandate:
 - Biomedical improvements to perinatal health are at a plateau
 - Psychosocial interventions are the next frontier



low birth weight (OR 1.96) preterm birth (OR 1.42)

Pilar et al, 2021

Historical and lifetime trauma & PTSD may better explain racial disparities in perinatal outcomes.

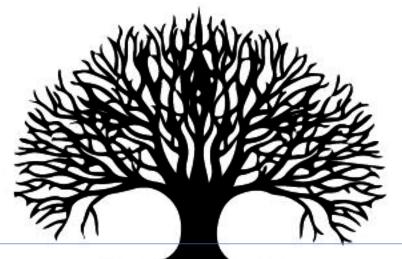
The PTSD+ group had MORE

- Risks: substance use, smoking, IPV
- Lower birth weight
- Shorter gestation
- Higher stress hormone cortisol with CMT—so child's lifespan health at risk
- Traumatic birth experience and dissociation in labor
- Loss of breastfeeding despite greater intention
- Postpartum depression
- Clinical level of bonding impairment

Addressing trauma & PTSD advances equity.

We need a paradigm shift to address the root cause

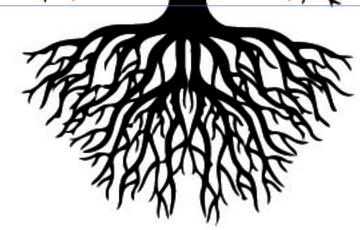
Depression
Anxiety
Perinatal Stress
Integrated perinatal care



Also Intimate partner violence Substance abuse

Intergenerational trauma Historical trauma

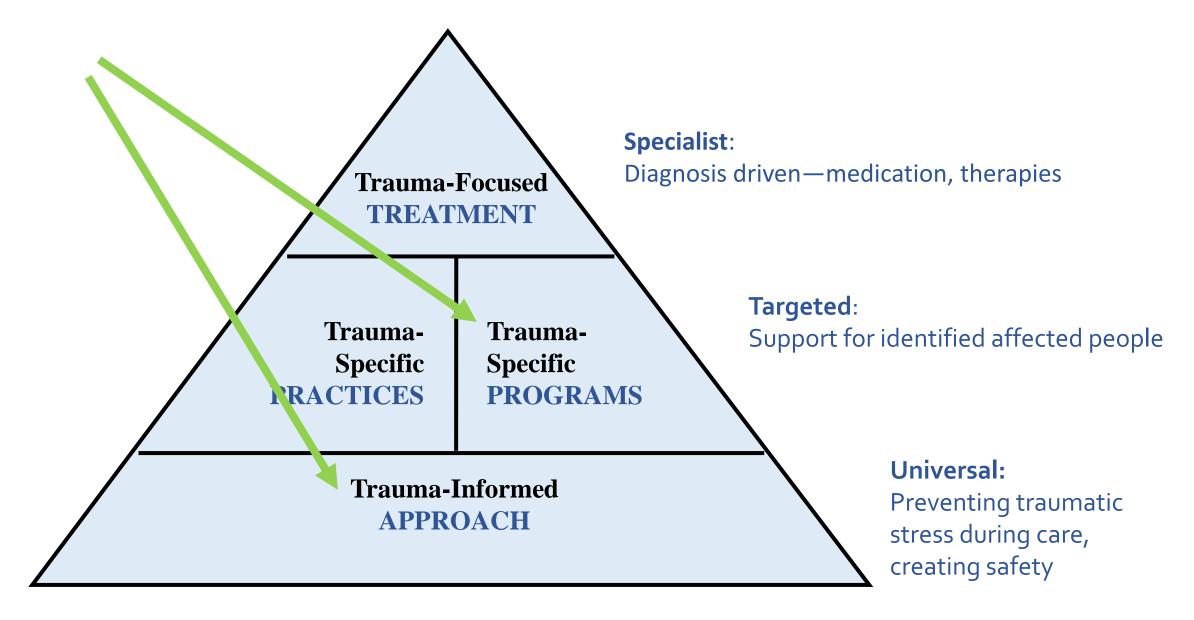
POSTTRAUMATIC STRESS primary, MDD and SUD secondary



Adverse, disparate outcomes now clear and compelling

- Prematurity
- Mental health adversity
- Breastfeeding loss
- Child protection involvement
- Lifespan health decrements

Levels of Intervention: SMC meets two



Imagine... How would your services be improved if every staff member

- Knew how post-traumatic stress might be making your client feel during your interactions?
- Could anticipate special needs of survivors unique to the childbearing year?
- Had skills to quiet these reactions and build more trust with your clients?
- Could help equip your clients for easier reactions in the face of challenges specific to the childbearing year?
- Could refer to, or provide, trauma-specific support and intervention?



- Workbook and tutor support
- Explains how traumatic stress can complicate the childbearing year
- Teaches skills for managing PTSD symptoms, emotional regulation, and interpersonal reactivity
- Decreases PTSD symptoms and emotion dysregulation
- Increases satisfaction with birth and care providers

Help for survivor parents

And those who care for them!

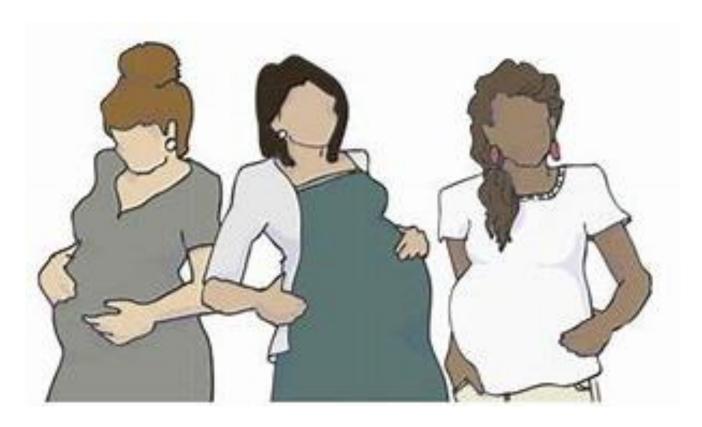
Benefits of training with SMC

- Knowledge of trauma, specific to the childbearing year
 - Identify
 - Educate
 - Equipped with caring effective response
- Mastery of first-line skills to manage traumatic stress
 - For yourself
 - To teach brief intervention directly to your clients
- First step in offering the full intervention



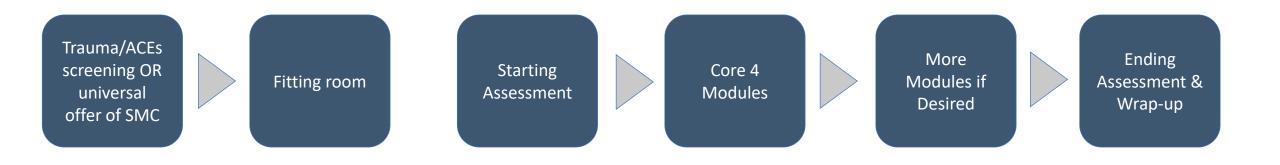
What the SMC covers

- Calming intense emotions
- Improving interpersonal connection



- Meeting needs
- Managing triggers in healthcare and parenting
- Seeking support
- Dealing with worries about birth and parenting
- Enhancing bonding
- Post-traumatic growth

Client flow through the SMC



Dialogic Consent

- "fitting room"
- Walks potential participants through the SMC
- Gives enough detail that participants can "try it on for size"

Welcome to your personal fitting room!



While you're here, you can look at what the *Survivor Moms'*Companion—or SMC—will be like. You can "try it on for size."

Survivor Moms' Companion (SMC) © 2017 The Regents of the University of Michigan

Here's what clients and tutors say in evaluations:

Now I understand what PTSD is.

The program made me feel like there was still <u>hope for me</u> moving forward.

This was the most helpful thing I did during pregnancy. It made a big difference, particularly the vignettes—a bigger difference than I expected.

[The tutor] is someone I can talk to and <u>trust</u> and I <u>get more information</u> off of her than I could from my doctors or a counselor or anything.

Training completely met my expectation in building my confidence and understanding how to use the tools provided to have the most effective sessions.

Certain chapters may trigger me, but after...
I just feel better

I am extremely eager to use this as soon as possible - I have several people in mind that I feel would benefit greatly from *SMC*, which could really change how they experience pregnancy, labor, postpartum and parenting.



- Overall, we think the time is now to start really addressing PTSD during the childbearing year!
- The SMC provides a mean to do this...
- What questions does this spark for you?

Mickey.Sperlich@survivormoms.org