MOTHERS AND BABIES

Key Points for Trauma-Informed Delivery of MB

Visit our website to learn more: *www.mothersandbabiesprogram.org*

Mothers and Babies is an intervention to help pregnant people and new mothers handle stress in their lives. Some of the stress that individuals may experience can be classified as "trauma" or "traumatic stress." This resource guide is intended to provide additional guidance and support when delivering Mothers and Babies to people who have experienced trauma.

Trauma is an emotional, psychological, and/or physiological response to an experience that an individual perceives as life threatening or distressing. Trauma can have a lasting adverse effect on an individual's well-being, and it is especially common in low-income and structurally vulnerable communities.[1,2]

Here are a few prevalent sources of trauma in our communities:

- Fertility challenges
- Pregnancy loss (e.g. miscarriage, stillbirth, abortion)
- Child loss
- Loss of custody
- Obstetric violence or adverse medical experiences
- Assault (e.g. physical and sexual)
- Relational and childhood experiences
- Death of a loved one
- Witnessing community violence

MB alone is not sufficient for trauma treatment. Follow your agency's protocols for referral to appropriate services should your client endorse a trauma history. While connecting to another level of care, your relationship with your client can be a place to model respect and trust, serving as a healing context in which they can grow and recover.

Secondary Traumatic Stress (STS), also called compassion fatigue, can negatively effect relationships between service providers and clients. STS is the emotional fatigue and distress that service providers can experience when hearing the trauma of another.[3] Symptoms of STS include:

- Insomnia and chronic exhaustion
- Guilt and hopelessness
- An inability to listen
- Avoidance of families
- Anger and cynicism.[3,4]

TIP FOR SUPERVISORS: When providing reflective supervision on Mothers & Babies, it may be a good idea to take STS into consideration.

For further supervision guidance, please reference: *The Mothers & Babies Supervision Guide*

We encourage providers to consider how working with families with trauma histories can impact their own well-being and seek support in this work.

As you deliver Mothers and Babies, it is useful to consider that a participant may have a trauma history. This practice of attending to trauma while providing services speaks to the idea of trauma-informed care. **Trauma-informed care (TIC) is a model of care that approaches all relationships and interactions with an awareness of the prevalence of trauma.**[4,5] TIC assumes that everyone with whom you come into contact could have a trauma history influencing their behaviors, thoughts, and needs.[5]

The following pages have a series of recommendations for incorporating discussions about trauma into delivery of Mothers and Babies.

GENERAL GUIDELINES

INTRODUCTION/BEGINNING OF SESSION

When introducing yourself to your client, be very clear about your role. Follow your agency's protocols for disclosing if you are a mandatory reporter.

Speak slowly and calmly (try using a "yoga voice") and use a compassionate, soft gaze.

During virtual sessions, confirm client preferences (e.g. microphone volume levels, your proximity to the camera).

When clients disclose trauma during a session, thank them for trusting you with that experience. Affirm and validate what they have shared with you, emphasizing that you empathize and believe them.

DURING SESSION

Empathizing with a client can begin with reflecting back what you hear them sharing about their emotional experience. For example, "I'm sorry __ happened, and I can't imagine how __ you might have felt."

Use sessions to emphasize clients' pre-existing strengths and resilience.

Trauma can lead to fragmented memory recall.[6] Be patient with your clients' storytelling process. You may need to provide more time for them to answer your questions.

Pregnant clients with trauma histories may have complicated fears surrounding labor and delivery.

Try creating a labor plan to cope with this stress.

Remind them that their body is still their own.

DURING SESSION

By noticing when clients seem more activated or "checked out" during a session, keep a log of your clients' triggers to avoid.

Activation may look like: breathing irregularly, shaking/vibrating, feeling hot.

Dissociation may look like: flat affect, unable to respond or pay attention, feeling cold.

If you notice your client seems activated or "checked out," you may want to introduce grounding exercises:

Use of grounding stones: encourage them to hold an object with weight in their hands, like a stone. The weight of the object helps the brain come back to the present.

Use of the 5-4-3-2-1 grounding technique: lead the client to acknowledge 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste in their surroundings.

CLOSING/AFTER SESION

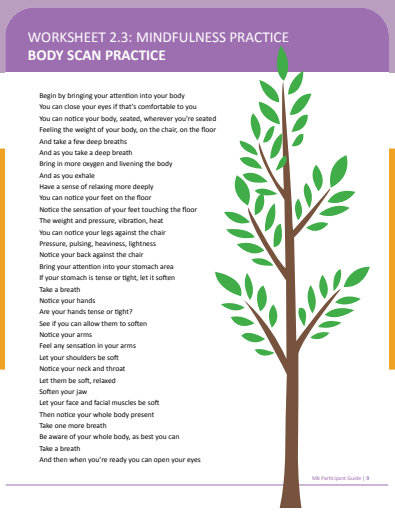
Toward the end of each session, help your client create an after-care plan:

After this session, when do they plan to eat, rehydrate and rest?

Who can they call if they need to continue processing the thoughts that surfaced during the session?

SPECIFIC CURRICULUM CONSIDERATIONS

Some mindfulness exercises in the curriculum may not be helpful for someone with a trauma history, because bringing consciousness to the body can be distressing for some (i.e. Worksheet 2.3, "The Body Scan").[6] Collaborate with your client to develop a toolkit of exercises that feel good for them.



WORKSHEET 2.3: MINDFULNESS PRACTICE
BODY SCAN PRACTICE

Begin by bringing your attention into your body
You can close your eyes if that's comfortable to you
You can notice your body, seated, wherever you're seated
Feeling the weight of your body, on the chair, on the floor
And take a few deep breaths
And as you take a deep breath
Bring in more oxygen and livening the body
And as you exhale
Have a sense of relaxing more deeply
You can notice your feet on the floor
Notice the sensation of your feet touching the floor
The weight and pressure, vibration, heat
You can notice your legs against the chair
Pressure, pulsing, heaviness, lightness
Notice your back against the chair
Bring your attention into your stomach area
If your stomach is tense or tight, let it soften
Take a breath
Notice your hands
Are your hands tense or tight?
See if you can allow them to soften
Notice your arms
Feel any sensation in your arms
Let your shoulders be soft
Notice your neck and throat
Let them be soft, relaxed
Soften your jaw
Let your face and facial muscles be soft
Then notice your whole body present
Take one more breath
Be aware of your whole body, as best you can
Take a breath
And then when you're ready you can open your eyes

WORKSHEET 2.4:
WHAT DO YOU LIKE TO DO?

INSTRUCTIONS

1. Write down pleasant activities you like to do by yourself or with other adults on the top and things you enjoy doing or will enjoy doing with your baby on the bottom. ***Start with ones that are simple and do not cost a lot of money.***
2. Continue adding to your list throughout the week whenever you think of anything you enjoy doing. Write down as many pleasant activities as you can come up with! Even though you won't do some things on a regular basis, it is good to be thinking about all the things possible. That way when you have the time to do a Pleasant Activity but are not sure of your options, you will have a big list of things to choose from!

Write down activities you enjoy doing by yourself or with other adults.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Also think about activites that you enjoy doing with your baby, or that you will enjoy doing with your baby when s/he is born. Write them down here.

1. _____
2. _____
3. _____
4. _____
5. _____

When creating an inventory of pleasant activites (Worksheet 2.4), encourage the participant to think of activities that feel comfortable, and also help them to expand beyond activities that may feel linked to their trauma experience.

WORKSHEET 6.2:
THINKING ABOUT YOUR BABY'S FUTURE

INSTRUCTIONS: Think about what kind of life you like your baby to have five years in the future. Then think about the steps you need to take to help your child have that ideal future.

EXAMPLE:

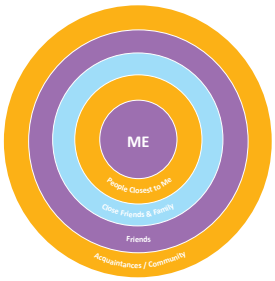
"I want my child to enjoy reading"

"I will read to my child now"

MY BABY'S IDEAL FUTURE (5 YEARS FROM NOW)	
What I want for my baby:	What I need to do now:
What I don't want for my baby:	What I need to avoid doing now:

When goal-setting (Worksheet 6.2), be mindful of how past loss may make one fearful of planning for the future. In the case of custody loss, goal-setting may help clients plan for reunification or being able to see their child.

WORKSHEET 8.1:
THE PEOPLE IN MY LIFE



Instructions: Write the names of people who are part of your support system in the circle that best describes your relationship with them.

- People Closest to Me: are people whom you can share your most private thoughts and feelings with
- Close Friends & Family: are people you feel you can talk to but maybe not about everything
- Friends: are people who you enjoy doing things with (like going to the movies) even though you don't share personal details about your life with them
- Acquaintances: are people you see whom you nod or say hi to

When mapping the client's support system (Worksheet 8.1-8.2), assess whether they have access to relationships that feel like safe spaces for processing trauma. Ensure your client has a working concept of what healthy emotional support looks like. You might want to use this opportunity to refer them to peer support groups.

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To learn more about embedding TIC in your organization, please review the following **additional resources:**

1. Administration for Children and Families Trauma-Informed Care Toolkit
2. Center for Health Care Strategies Trauma-Informed Care Resource Center
3. Substance Abuse and Mental Health Services Administration Trauma-Informed Approach Manual
4. Thrive Washington Neuroscience, Epigenetics, ACEs, and Resilience (NEAR) Toolkit for Home Visitors
5. University at Buffalo Institute on Trauma and Trauma-Informed Care (ITTIC)

Sources

1. Substance Abuse and Mental Health Services Administration (SAMSHA). (2019, August 2). *Trauma and Violence.* https://www.samhsa.gov/trauma-violence

2. Stevens, J., Ammerman, R., Putnam, F., & Van Ginkel, J. (2002). *Depression and trauma history in first-time mothers receiving home visitation*. Journal of Community Psychology, 5(30), 551–564. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/jcop.10017/abstract

3. National Child Traumatic Stress Network. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals.* Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf

4. Center for Health Care Strategies (CHCHS). (2016, April). *Key ingredients for successful trauma-informed care implementation.* https://www.traumainformedcare.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/

5. University at Buffalo Institute on Trauma and Trauma-Informed Care (ITTIC). (n.d.). W*hat is Trauma-Informed Care?* http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html

6. Milburn, L. (2020, December 3). *Neurobiology of Trauma: Supporting Survivors of Sexual Violence.* Seminar presented at DePaul University, Chicago, IL.