Utilizing Trauma-informed Skills in Perinatal Support Groups

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MotherWoman’s Mission:
To support and empower mothers to create positive personal and social change by
• Building community safety nets
• Impacting family policy
• Promoting the resiliency and leadership of mothers.

MotherWoman Programs
1. Supporting Mothers
   • Mother’s Groups
   • Facilitator Training

2. Creating Community Safety Nets
   • Community-Based Perinatal Support Model (CPSM)

3. Advocacy for family policy
   • MA PPD legislation (passed in 2010)
   • Earned Paid Sick Leave (passed 2014)
   • Pregnant Workers Fairness Act (in session 2016)
Creating Community & Resiliency for Perinatal Mothers

Why we do this....


MotherWoman Support Groups

- Perinatal mothers
- Teen mothers
- Pregnancy and infant loss
- Mothers in domestic violence, homeless shelters
- Incarcerated mothers
- Mothers in recovery and methadone programs
- Latina mothers
- Somali refugees
- Women in midlife
- Grandmothers/Grandparents
- Fathers!


“Listening is a magnetic and strange thing, a creative force. The friends who listen to us are the ones we move toward. When we are listened to, it creates us, makes us unfold and expand.”

Dr. Karl Menniger
The Power of Women’s Groups

There is no agony
Like bearing an untold story
inside of you.

~ Maya Angelou

MotherWoman’s
Perinatal Support Group Model

Objective:
To support and empower mothers to be agents of positive change in their lives.

MotherWoman Groups provide mothers with a safe space, based on mutual respect and non-judgment, where they can explore the complexities of motherhood, break down isolation, gain much-needed perspective and take positive steps towards the health, well-being and strength of themselves and their families.
Barriers to care

• Individual-level barriers
  o Stigma, shame & guilt
  o Impact of trauma on participating in groups
  o Fear of children being taken away
  o Unequal access to care – insurance, transportation, language

• Provider-level barriers
  o Lack of training
  o Lack of cultural competence

• Systems-level barriers
  o Inadequate & uncoordinated community resources
  o Lack of infrastructure

• Policy-level barriers
  o Insurance policies to reimburse providers

Definition of Trauma Informed Care

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

Women & Trauma

• 2x more likely to experience trauma & PTSD than men
• 1 in 6 will be sexually assaulted in her lifetime
• 90% of alcoholic women have trauma history
• Women experience a longer duration of post-traumatic symptoms, and display more sensitivity to triggering stimuli

American Psychological Assoc.
General Risk factors for PTSD

- Being female — women are more likely to experience intense or long-lasting trauma
- Having experienced other trauma earlier in life
- Mental health history in self or family
- Lacking a good support system of family and friends
- History of abuse (such as childhood abuse, sexual abuse, rape)
- Combat exposure
- Physical attack
- Being threatened with a weapon
- Car accident, plane or train crash
- Life threatening experience (such as natural disaster, critical injury, medical crisis, attack, mugging)

Post Traumatic Stress Disorder

"It is in the eye of the beholder"  
(Beck, 2004; Birth Trauma: In the Eye of the Beholder, Nursing Research)

- Prevalance:
  - 18% experience a Traumatic Birth Experience
  - About 5.6% to 9% of these women develop PTSD

Postpartum PTSD Themes

- Perception of lack of care/respect by providers
- Feeling abandoned
- Stripped of dignity
- Lack of support and assurance
- Lack of continuity of care providers

(Creedy, Shochet, & Horsfall, 2000; Beck, Gable, Sakala & Declercq, 2011)
Postpartum PTSD Themes
• Poor Communication
  • perceived lack of communication by medical staff
  • Mom feels invisible
• Feeling powerless or out of control
• Feels actions done TO her, not WITH her perceived lack of choice or consent
• Betrayal of trust
• Didn’t feel protected, safe
• Do the ends justify the means?

Impact of Birth Trauma
• Avoids postpartum care
• Impaired bonding with baby
• Vicarious trauma – partners, doulas, staff
• Sexual Dysfunction
• Avoidance of future pregnancies
• Heightened Anxiety & exacerbation of symptoms in future pregnancies
• Elective c-sects in future pregnancies

Trauma in NICU moms
• Risk Factors
  • Neonatal complications
  • Pre-term delivery
  • Greater length of NICU stay
  • stillbirth
• Prominent Symptoms
  • Intrusive memories of infant’s hospitalization
  • Avoids reminders of child’s birth
  • Baby’s 1st Birthday is particularly difficult
“You should be happy, at least your baby is healthy.”

“Look, guy, I don’t know what it’s like, in I-Sell-Have-Meaning-In-My-Life Land, but every direction looks like bullshit right now.”

http://hyperboleandahalf.blogspot.com/

What’s “shareable becomes bearable”
– Dan Siegel, MD

Group treatment is effective
Trauma-informed paradigm

- Integrated, whole-person view
- Contextual, relational view of person, challenges & solutions
- Primary goals of services are growth, empowerment, resilience, life skill development
- Empathic relationships are cultivated, with the understanding that these relationships are necessary to draw out each woman’s unique voice
- Safety must be guaranteed
- Trust is allowed to build over time

Trauma-informed care in groups

- Structure & consistency
- Trustworthiness & transparency of leadership
- Collaboration & mutuality with participants
- Empowerment: giving voice & allowing choice
- Psychoeducation
- Peer support & mutual self help
- Inclusion of cultural & gender issues
- Strengths-based approach “I believe in you”

Trust is not given. It is earned.

Goals of trauma-informed group

Stabilization

Focus on safety first – Group provides safe, non-judgmental, respectful environment. “It’s normal to feel like this.”

Educate - Provides de-stigmatizing, accurate information, relieves self-blame, anxiety and guilt. “I’m not crazy.”

Build trust - Leaders are authentic. “I’ve been there too”

Promote empowerment – Encourages self-care, realistic self assessment & build skills for more self compassion & competency. “I can do this.”

Build community and connection with others – Isolation is both a cause & symptom of depression. “I am not alone”

Group provides a repetitive place to experiment with new self-regulating thoughts and behaviors. “I am getting better!”
Narrative therapy in group
Telling her story, and bearing witness, validation, and containment for others

CBT and Narrative

Old story
- "My body failed me/is broken" (Flawed sense of self)
- "If only I could have lasted longer and did a natural childbirth, this wouldn’t have happened to me/My baby wouldn’t have complications." (I am responsible)

Reframing your story
- Understand other factors that contribute -> exhaustion, lack of support, pressure by staff, unexpected medical complications beyond one’s control, etc.

Create new definitions/perceptions
- "I DID birth my baby – I brought him out to this world, even if it did not go as I had expected."
- "I didn’t know what I didn’t know – be fair to one’s self"

Integrate new information and change the story
"I am a good mother. I can hold compassion for myself."
Developing new narratives in group

Turning Fear to Trust
- Empowerment & Support – i.e., asking permission, being included in decision making, respecting her decisions
- What went well?
- Where did I succeed?
- What is true about me?

Support, Support, Support
- I believe this is one of the MOST important components of resiliency and wellness
- Support Groups, friends, family, doulas, faith communities, etc.

YOU’RE NOT ALONE.
Reaching out for support is an action of strength.

Facilitators must be trained in
Content AND Process
Need for Safety & Trust
- Perinatal Emotional Complications is a specialized area
- Motherhood makes us strong and very vulnerable
- Women and trauma
  - Groups can be environments of re-wounding and healing for women
  - Institutional fear & mistrust
- Inclusion of diversity
  - Within group
  - Within community
Objective of MotherWoman Group

S - Safety
E - Education
E - Empowerment

Safety allows for healing

Safety allows women to let down their defenses, reflect on their experience, be vulnerable, speak the truth and take risks

A Replicable and Consistent Group Experience every time

Moms are the backbone of most families - I do this for them.
Safety
Tune In Mindfulness & Stress Reduction

- First time to differentiate group from outside life
- Woman notices her inner world
- Stress reduction & relaxation practice
- Share MotherWoman values and self-care &
  “You are important”
- Gives a precious moment of quiet & reflection

Safety, Education & Empowerment
Group Guidelines

Create
- Structure
- Consistency
- Norms for communication
- A safe space of mutual respect & non-judgment

State them every session

Safety
MotherWoman Group Guidelines

- Confidentiality
- Respect and non-judgment
- Advice-free zone
- Listen without interruption
- Strong emotions are welcome
- Self-care for mom and baby

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“One friend, one person who is truly understanding, who takes the trouble to listen to us as we consider a problem, can change our whole outlook on the world.”

Dr. E. H. Mayo

Resources and References

- Bloom and Sreedhar, (2008). The Sanctuary Model of Trauma-Informed Organizational Change
- The National Child Traumatic Stress Network www.NCTSNet.org
- SAMHSA www.SAMHSA.gov
- Headington Institute www.headington-institute.org
- National Center for Trauma Informed Care www.SAMHSA.gov/nctic
- Center for Study of Traumatic Stress www.cstsonline.org
- Herman, from Trauma and Recovery:
- Harris and Fallot, Community Connections, Creating cultures of Trauma-informed Care