

Trauma Informed Care

Shifting from “What’s Wrong with You” to “What Happened to You”?⁵

Is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Becoming “trauma-informed” means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them.

Implications for Family Support

Three common disruption to development of which family support staff need to be aware of

1. Prenatal exposure
2. Disruption to the perinatal attachment
3. Traumatic stress and chronic state of distress¹

Substance Abuse and Mental Health Service Administration (SAMHSA)

Six Key Principles of Trauma Informed Approach⁵

1. **Safety** – Ensure physical and emotional safety of patients.
2. **Trustworthiness/Transparency** – provide clear and sufficient info. about what patients and employee need to know.
3. **Peer support**– integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment
4. **Collaboration and mutuality** – Maximize collaboration and sharing of power with patients and employees.
5. **Empowerment, voice and choice** – Recognize patient and employee strengths and skills. Prioritize patient and employee experience of choice and control. Listen to office and support staff ideas and concerns.
6. **Cultural, Historical, and Gender Issues** – Organization addresses cultural, historical, gender issues; and stereotypes.

Additional Resources

Center for Disease Control & Prevention
www.cdc.gov/ace/about.htm

Child Trauma Academy
www.childtrauma.org

National Child Traumatic Stress Network
www.nctsn.org

Substance Abuse and Mental Health Services
www.samhsa.gov

Center on the Developing Child at Harvard University
www.developingchild.harvard.edu

What is Nebraska PRAMS?

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Nebraska PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the United States Centers for Disease Control and Prevention (CDC). The data presented in this publication are based on 1,721 completed surveys representing Nebraska mothers who gave birth to live infants during 2011.

www.dhhs.ne.gov/prams

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References:

1. Prevent Child Abuse Iowa (2014) The Neurobiology of Stress— Research Brief. <http://www.pcaiowa.org/downloads/library/neurobiology-of-stress-report.pdf>
2. National Scientific Council on the Developing Child (2005). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper #3*. <http://www.developingchild.net>
3. Anda, R. (2010). Adverse Childhood Experiences: Connecting a Developmental Lens to the Health of Society: ppt. http://www.iowaaces360.org/uploads/1/0/9/2/10925571/dr._robert_anda_presentation.pdf
4. Center for Disease Control and Prevention. Adverse childhood experiences reported by adult five states, 2009. MMWR Morb Mortal Wkly Rep 2010; 59 (49) 1609-13. Available at <http://www.ncbi.nlm.nih.gov/pubmed/21160456>.
5. Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Part Two: A Trauma-Informed Approach. <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>.
6. Chung EK, Nurmohamed L, Mathew L, et al. Risky health behaviors among mothers-to-be: the impact of adverse childhood experiences. Acad Pediatr. 2010; 10(4):245-51. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20599179>.

What are Adverse Childhood Experiences (ACEs)?

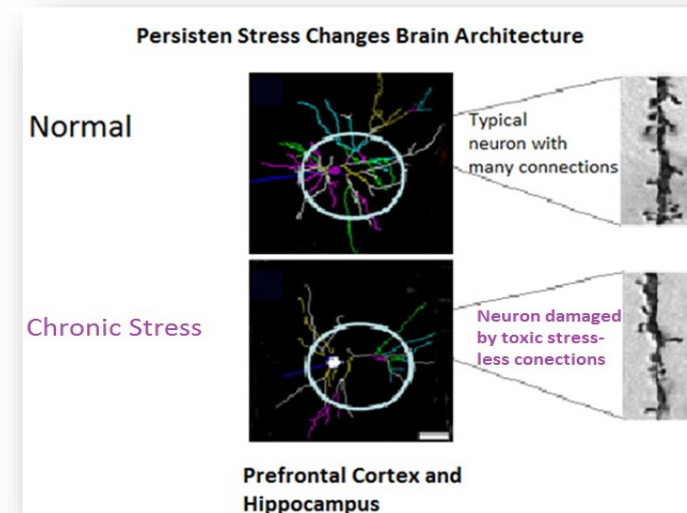
ACEs are stressful or traumatic experiences that affect the neurobiological and psychosocial capacity of children. ACEs cover a range of experiences that occur up to 18:

Abuse: Physical, Emotional, Neglect

Neglect: Physical, Emotional

Household Dysfunction: Mental illness, Domestic Violence, Substance Abuse, Incarcerated Relative, Divorce or Separation.

How Do ACEs affect Neurobiology?



A toxic stress response can occur “when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”¹

When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. The more **ACEs experienced**, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression. Research also indicates that **supportive, responsive relationships** with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.”²

How are ACEs linked to poor outcomes?

The Original 1995–1997 ACE Study found **ACEs have a direct relationship to adult health**. Certain ACEs are significant risk factors for leading cause of illness, unhealthy behavior, early death, and poor quality of health such as the following³:

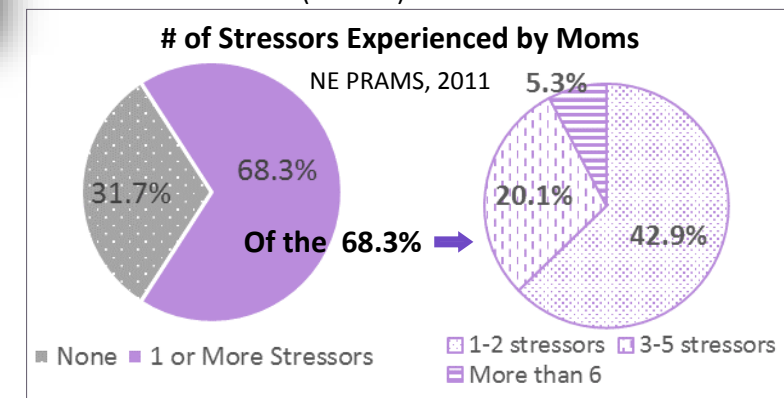
Adolescent or Unintended Pregnancy, Alcohol Abuse, Chronic Diseases, Depression, Early Initiation of Smoking or Sexual Activity, Fetal death, Health related quality, Homelessness, Illicit drug use, Liver Disease, Obesity, Poverty, Risk of sexual assault or intimate Partner Violence, Sexually Transmitted Diseases, Youth school dropout and Incarceration.

Mothers and Children

Significant maternal stress, lifestyles, behavior and poor maternal care throughout the course of pregnancy can affect can affect the stress system in young children and make them more at risk to experiencing ACEs.¹

How Common are ACEs?

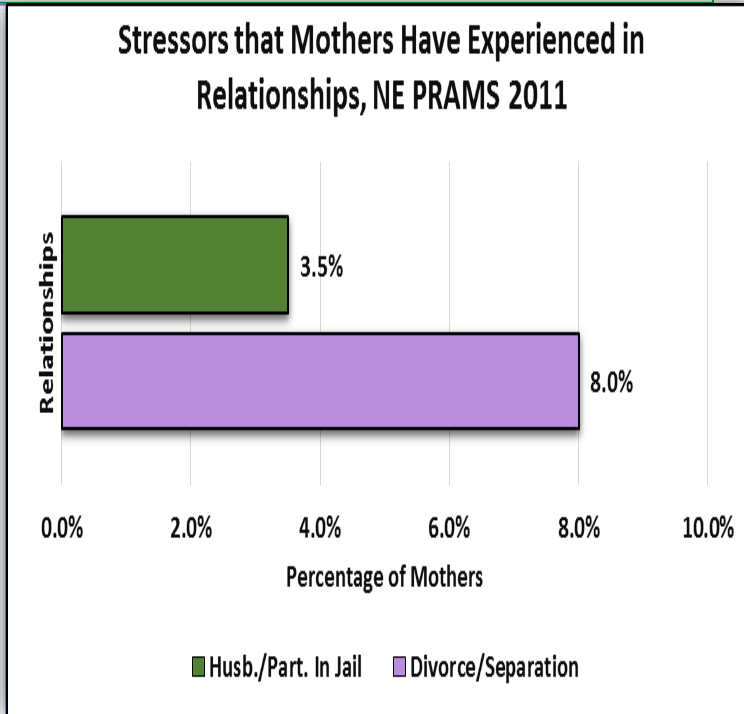
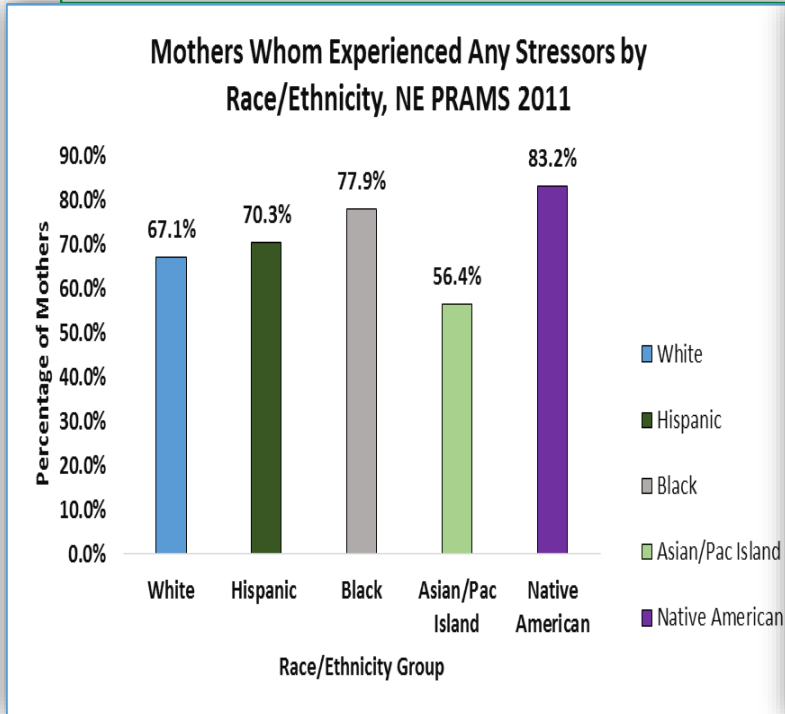
In 2010 the CDC reported 60% of participants had at least one ACEs while 8.7% of participants had 5 or more ACEs.⁴ Similar results were reported by Nebraska Dept. Health and Human Services (NDHHS).



More than half (68.3%) of mothers reported experiences one or more stressors. The second graph shows the percentage of moms in relation to amount of stressors experienced.

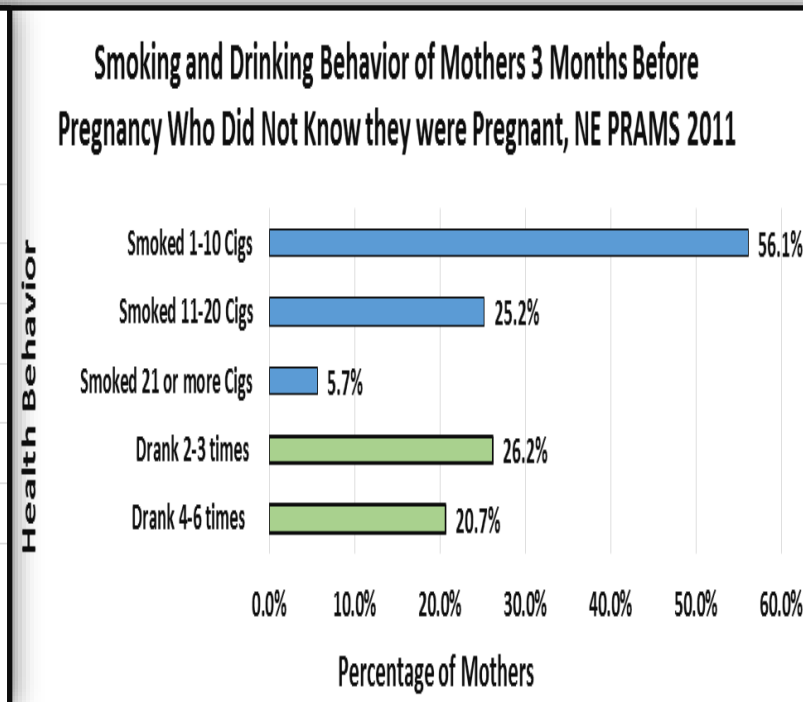
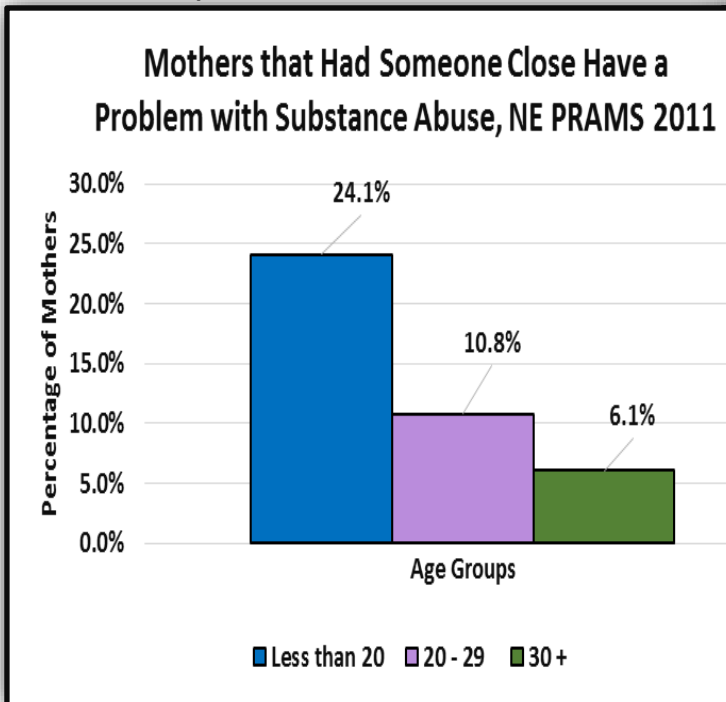
Stressors are (1. Family member ill, 2. Someone close died, 3. Someone close had a bad problem w/ alcohol drugs, 4. Arguing with husband/ partner more than usual, 5. Being separated from husb./ part., 6. Having a lot of bills that can’t pay for them, 7. Losing a job, 8. Having to move, 9. Being or having a husb./part. going to jail, 10. Being homeless, 11. In a physical fight, 12. Husb./part. losing a job, 13. Husband/partner did not want pregnancy).

PRAMS asks mothers what stressors happened during 12 months before baby was born?



In 2011, Native American (83.2), Black (77.9%), and Hispanic (70.3%) Mothers have the highest prevalence of stressors experienced. Asian/ Pac (56.4%) and White (67.1%) mothers had the lowest prevalence.

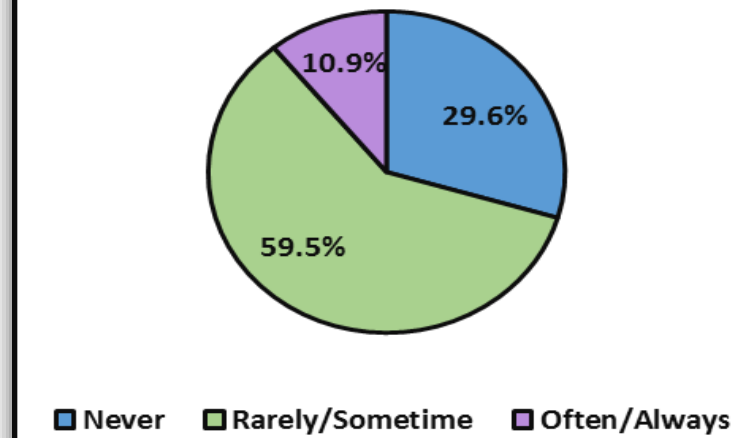
Experiencing a divorce, separation, going to jail or having someone close being incarcerated are stressors identified in the ACE Study and can be monitored by PRAMS Data.



Younger Mothers (less than 20) were more likely to have someone close have a problem with substance abuse. Studies have shown parent's substance abuse problem can be observed and picked up by children. (Chung, 2010).⁶

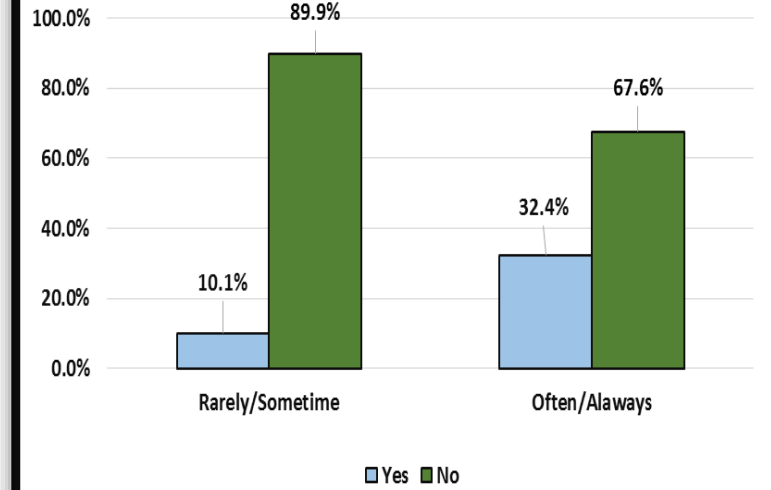
In 2011, 35.3% of Mothers did not know they were pregnant. Of the 35.3% of mothers who did know, 56.1% smoked 1-10 cigs per day, 25.2% 11-20 cigs per day and 5.7% 20+ cigs per day. 20.7% drank 4 or more drinks 4-6 times and 26.2% drank 4 or more drinks 2-3 times.

Percentage of Mothers Who Reported Postpartum Depression or Sadness



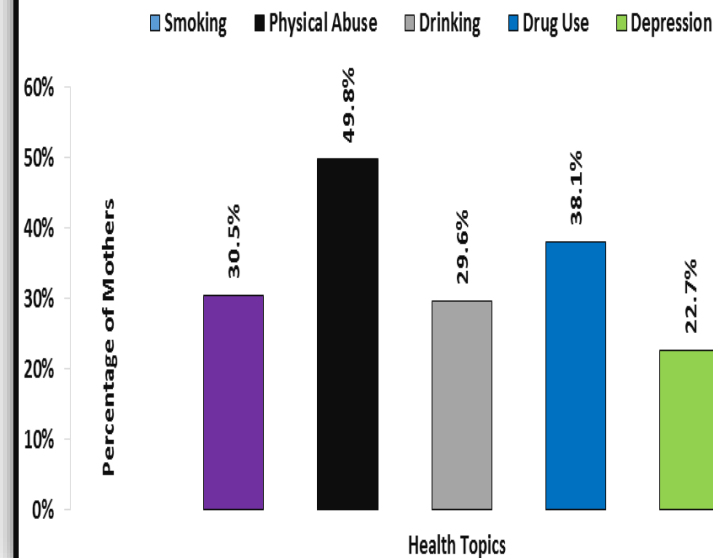
In 2011 10.9% of Mothers reported Often/Always for feeling depressed or sad. 59.5% of mothers reported Rarely/Sometime for feeling depressed or sad.

Help-Seeking Behavior of Mothers Reporting Postpartum Depression or Sadness, NE PRAMS 2011



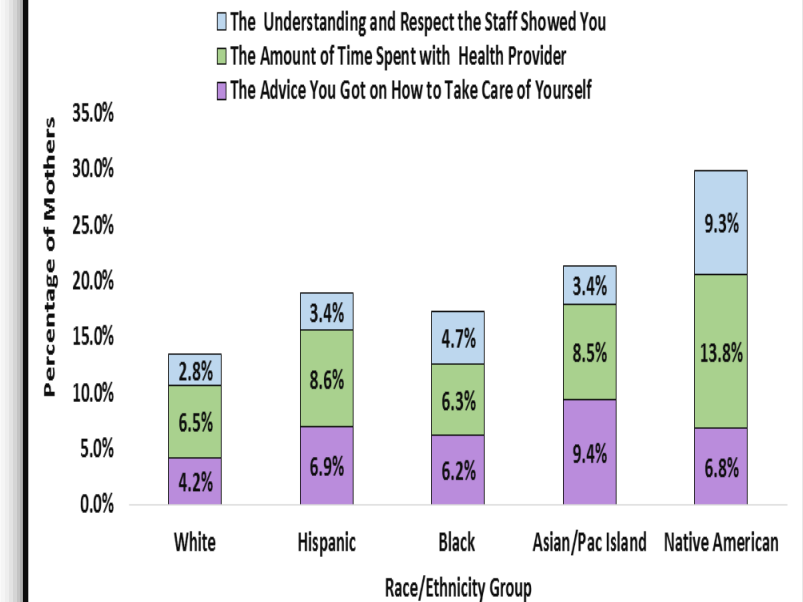
Of the 59.5% of Mothers who reported Rarely/Sometime being depressed or sad, 89.9% did not ask for help during pregnancy. Of the 10.9% of Mothers who reported Often/Always being depressed or sad, 67.6% did not ask for help during pregnancy.

Percentage of Mothers Who Reported Not Having a Health Provider (Doctor, Nurse, or Health Care Worker) Talk to Them About Health Topics, NE PRAMS 2011



In 2011, 49.8% of Mothers reported not having a Health Provider talk to them about physical abuse. 38.1% and 22.7% did not talk to a health provider about drug use and depression, respectively.

Mothers Who Reported Not Satisfied with the Prenatal Care They Received by Race/Ethnicity, NE PRAMS 2011



9.3% of Native American Mothers were dissatisfied with the understanding and respect the staff showed. 8.6% of Black mothers were dissatisfied with the time spent with health provider. 9.4% of Asian/ Pac Mothers were dissatisfied with the advice they got.