Webinar #3: Empowering Conversations to Prevent Alcohol Exposed Pregnancies

Thursday, June 12, 2014, 9-10 am PDT

Trauma-Informed Approaches to FASD Prevention

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Overview

1. An introduction to trauma-informed practice
2. Q & A
3. Building confidence in TIP using motivational interviewing approaches
4. Q & A
5. Resources/Discussion/Wrap-up

Grounding

Bringing ourselves into the present moment

Creating space for learning

Introduction to Trauma-Informed Practice

"We found that the big issues that kept coming up – addictions, FASD, domestic violence and residential schools – were all related to trauma."

Interview excerpt from an environmental scan of trauma-informed approaches in Canada, 2010-2011

Linking FASD prevention and trauma-informed practice

Study of mothers of children with Fetal Alcohol Syndrome

Of the 80 interviewed:

- 95% seriously sexually, physically or emotionally abused
- 80% had a major unaddressed mental illness
- 72% lived with men who did not want them to quit drinking

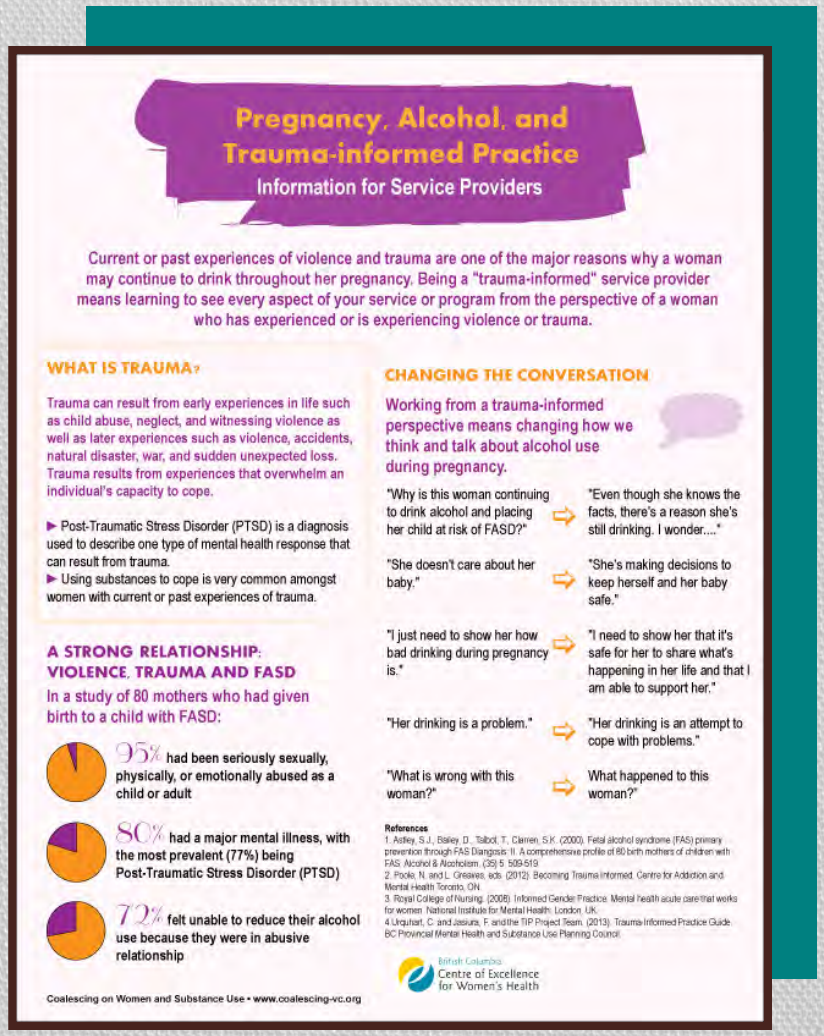
(Astley, Bailey, Talbot, & Clarren, 2000)

Abuse is common among women in perinatal services

Canadian Maternity Experiences Survey (2006-2007) (Daoud *et al*, 2012)

- **Prevalence of any abuse in the 2 years before the interviews was 10.9%**
  - 6% before pregnancy only
  - 1.4% during pregnancy only
  - 1% postpartum only
  - 2.5% in any combination of these times
- **Prevalence of any abuse was higher among low-income mothers (21.2%), lone mothers (35.3%), and Aboriginal mothers (30.6%)**

⇨ Current and past experiences of violence and trauma are one of the major reasons why a woman may continue to drink throughout her pregnancy



Pregnancy, Alcohol, and Trauma-informed Practice

Information for Service Providers

Current or past experiences of violence and trauma are one of the major reasons why a woman may continue to drink throughout her pregnancy. Being a "trauma-informed" service provider means learning to see every aspect of your service or program from the perspective of a woman who has experienced or is experiencing violence or trauma.

WHAT IS TRAUMA?

Trauma can result from early experiences in life such as child abuse, neglect, and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss. Trauma results from experiences that overwhelm an individual's capacity to cope.

- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma.
- Using substances to cope is very common amongst women with current or past experiences of trauma.

A STRONG RELATIONSHIP: VIOLENCE, TRAUMA AND FASD

In a study of 80 mothers who had given birth to a child with FASD:

- 95% had been seriously sexually, physically, or emotionally abused as a child or adult
- 80% had a major mental illness, with the most prevalent (77%) being Post-Traumatic Stress Disorder (PTSD)
- 72% felt unable to reduce their alcohol use because they were in abusive relationship

CHANGING THE CONVERSATION

Working from a trauma-informed perspective means changing how we think and talk about alcohol use during pregnancy.

"Why is this woman continuing to drink alcohol and placing her child at risk of FASD?" ⇨	"Even though she knows the facts, there's a reason she's still drinking. I wonder...."
"She doesn't care about her baby." ⇨	"She's making decisions to keep herself and her baby safe."
"I just need to show her how bad drinking during pregnancy is." ⇨	"I need to show her that it's safe for her to share what's happening in her life and that I am able to support her."
"Her drinking is a problem." ⇨	"Her drinking is an attempt to cope with problems."
"What is wrong with this woman?" ⇨	What happened to this woman?"

References

1. Astley, S.J., Bailey, D., Talbot, T., Clarren, S.K. (2000). Fetal alcohol syndrome (FAS) primary prevention through FAS Diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS. Alcohol & Alcoholism. (35) 5: 509-519.
2. Poole, N. and L. Greaves, eds. (2012). Becoming Trauma Informed. Centre for Addiction and Mental Health Toronto, ON.
3. Royal College of Nursing. (2008). Informed Gender Practice. Mental health acute care that works for women. National Institute for Mental Health: London, UK.
4. Urquhart, C. and Jasiura, F. and the TIP Project Team. (2013). Trauma-Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council.

British Columbia Centre of Excellence for Women's Health

Coalescing on Women and Substance Use • www.coalescing-vc.org

Infographic from Coalescing on Women and Substance Use

www.coalescing-vc.org

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One in three women will experience abuse or violence in her lifetime

Implications for service access

Trauma affects service access and engagement:

- Difficulty with trust and relationships
- Reluctance to engage, and quick to drop out
- Vigilance as self protection
- Previous traumatic experience caused by health care system/providers
- Ambivalence to give up or change coping mechanisms

- In the moment trauma responses . . .

Harris & Fallot, 2001

Healing vs. re-traumatization

Metasynthesis of Maternity Care Needs of Women Who Were Sexually Abused in Childhood (Montgomery, 2013)

- If women were able to retain control and forge positive, trusting relationships with health care professionals, they felt safe and might experience healing in the process.
- "Safety" required that women are not reminded of abusive situations
- In the absence of control and trusting relationships, maternity care can be experienced as a reenactment of abuse - possibility that engagement in services can make matters worse

PTSD following childbirth (Verreault *et al*, 2012)

- Incidence of PTSD at 1 month was 7.6% for full and 16.6% for partial
- Four risk factors were predictive of PTSD following childbirth: history of sexual trauma, a more negative childbirth experience than expected, higher anxiety sensitivity, less available social support at 1 month postpartum

Trauma-informed services

- Take into account **an understanding of trauma in all aspects of service delivery** and place priority on the individual's **safety, choice, and control** (Harris and Fallot, 2001).
- **Do not require disclosure of trauma**. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.
- Are more about the **overall essence of the approach**, or **way of being in the relationship**, than a specific treatment strategy or method.
- **Safety and empowerment for the service user** are central, and are embedded in policies, practices, and staff relational approaches. Service providers cultivate safety in every interaction and avoid confrontational approaches.

TIP can be seen how we view clients who experience difficulty accessing services

Shift from: “What is wrong with her” to “What happened to her”

Change in language away from:

- Controlling
- Manipulative
- Uncooperative
- Untreatable
- Masochistic
- Attention seeking
- Drug seeking
- Bad mother
- Not believable, etc.

(Williams & Paul, 2008)

Creating a trauma-informed environment

Some examples:

Coping and substance use

- Recognition that substance use is very common amongst women with current or past experiences of violence and trauma

Harm reduction approach

- Abstinence is just one possible goal for women, and that care and support do not require women to address their substance use issues until they are ready (choice and collaboration)

Support and advocacy

- High rates of child removal for women with substance use issues - barrier to accessing care, past grief and loss

Valuing women's experiences

- Clients informing program delivery

Staff training and support

- Awareness and practical tools for addressing trauma - "universal precautions"; vicarious trauma

→Start with assuming People accessing help have been exposed to abuse, violence, neglect or other traumatic experiences

And that they are doing the best they can at any given time to cope with the effects of trauma

An example of TIP in practice - Seeking Understanding/ Seeking Safety model

at Victoria Women's Sexual Assault Centre

Evaluation findings -

Women reported and appreciated:

- safety to explore both issues
- learning about the effects of trauma & skills to manage
- reduction in stigma and increasing self acceptance
- breaking through isolation, connecting with other women
- developing hope for future

Poole, N., & Pearce, D. (January 2005). *Seeking Safety, An Integrated Model for Women Experiencing Post Traumatic Stress Disorder and Substance Abuse: A Pilot Project of the Victoria Women's Sexual Assault Centre, Evaluation Report. Victoria, BC: Victoria Women's Sexual Assault Centre*

An example of TIP in practice

Trauma Adapted Family Connections (TA-FC)

Collins, et al. (2011). Trauma adapted family connections: Reducing developmental and complex trauma symptomatology to prevent child abuse and neglect.

Phase 1

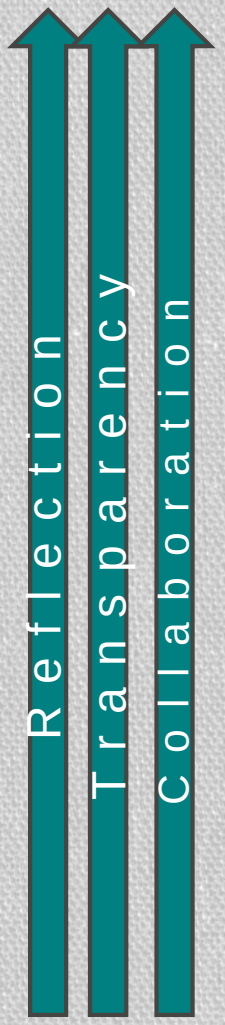
- Engagement
- Assessment
- Helping families meet their basic needs
- Safety
- Planning

Phase 2

- Family psycho-education
- Emotional regulation
- Strengthening family relationships

Phase 3

- Family shared meaning of trauma
- Closure and endings

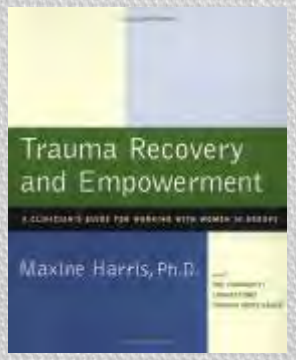


Trauma informed practice and policy is relevant at all these levels

Moving towards trauma-Informed systems

Many researchers and service providers have developed principles of care for trauma-informed systems - bringing together individual approaches with organizational change

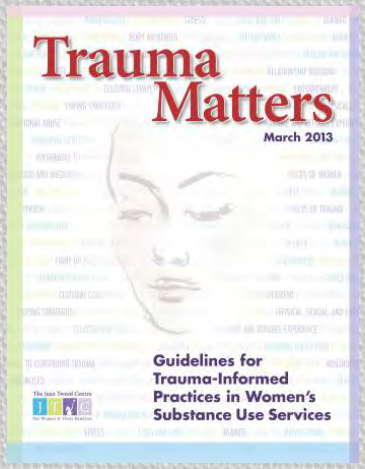
- *All staff will be knowledgeable* about impact of violence & trained to behave in ways that are not re-traumatizing
- All services will be trauma informed and women will have *access* to trauma specific services
- Organizational cultures are concerned with co-learning, non-violence, emotional intelligence
- Collaboration across services and service systems is in place to support safety, engagement, choice and control

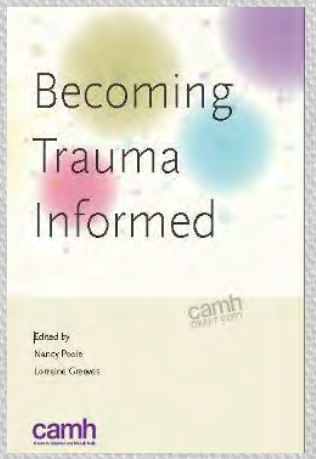


Resources

Coalescing on Women and Substance Use
Linking Research, Practice and Policy
Home
Site Guide
About Us
Contact
Overview
Violence, trauma and substance use
Pregnancy, mothering and substance use
Young women, alcohol and substance use
Harm reduction approaches
Holistic treatment: First Nation/Inuit
Current work and emerging issues
Trauma-Informed Care in Canada
Connecting Substance Use, Mental Health and Trauma
Developing Trauma-Informed Practices
Developing Trauma-Informed Services
About this issue
Download this section of the website as PDF: Trauma-informed Online Tool
We have compelling evidence that women's substance use is linked to their experiences of trauma and violence. Yet service providers and policy makers have not always acted on these known connections. Anti-violence service providers, substance use treatment services, other women-serving agencies and decision makers are now finding ways to respond with policies and programs that integrate support on both issues.
Based on the findings of a one-year research project (2010-2011) to learn more about trauma-informed approaches in Canada, this site provides an overview of key issues and themes in practice and policy, highlights promising practices, and tensions. It also provides links to recommended readings, curricula and training resources, and web resources for working with women, understanding the connections between substance use, mental health and trauma, and strategies for developing trauma-informed practices and services.

JOGC
Health Professionals Working With First Nations, Inuit, and Métis Consensus Guideline


Trauma Matters
March 2013
Guidelines for Trauma-Informed Practices in Women's Substance Use Services


Becoming Trauma Informed
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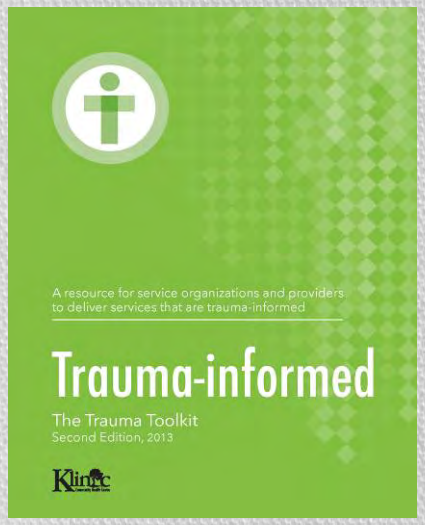
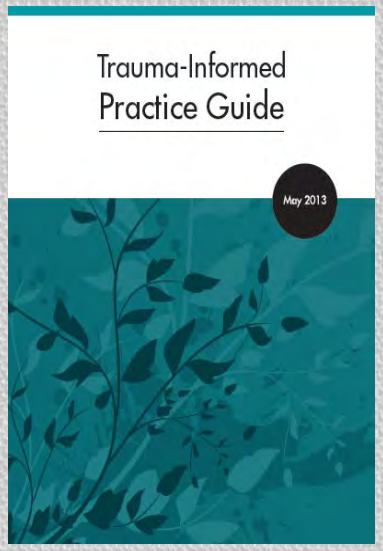

A resource for service organizations and providers to deliver services that are trauma-informed
Trauma-informed
The Trauma Toolkit
Second Edition, 2013
Klinic


Trauma-Informed Practice Guide
May 2013

HOW
has Aboriginal culture helped
you, or someone you know, on the journey of healing from addictions?
Join the Conversation
Joignez-vous à la discussion Ne àwok làgà Pi-Kakeekiton Pē-māmiskota kīsta Ne àwok nàgà Ne àwok dàgà Paywiichipiikishkwayminaan Nuhÿhel yanÿàti horîàæîh dé, nÿba hoæå si t'óho lósí

Questions?

Enhancing Confidence in TIP using Motivational Interviewing Approaches

What is Motivational Interviewing?

MI is a research-based collaborative conversation style for strengthening a person's own motivation and commitment to change.

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Helping People Change, 3rd Ed. New York: Guilford Press.

www.motivationalinterviewing.org
www.motivationalinterview.org

Guiding Principles

Motivational Interviewing	Trauma-Informed
Partnership*	Collaboration
Acceptance* and autonomy: individuals are experts on own lives	Acceptance
Listen to understand, Compassion*	Recognize the impact of trauma and violence
Empower	Maximize choice & control
Resist the righting reflex	Emphasize safety, avoid re-traumatization
Evocation* of change	Consumer input

** MI Spirit*

Miller & Rollnick, 2013; Elliot et al., 2005; MI and Intimate Partner Violence Workgroup, 2009

Resist the Righting Reflex!

MI Skills and Strategies to Support Trauma-informed Practice

- Opening statement – offers choice, conveys partnership, builds safety
- Listen more and at a deeper level – empathy and acceptance
- Agenda mapping – choice, partnership, control

Opening Statement

- Make partnership and respect for autonomy explicit
- Explain why you are asking what you are asking
- Share how the information will be used

"There are a number of topics that I discuss with all women that influence overall health, such as diet and exercise, as well as areas such as alcohol and tobacco. The information you share with me will help me understand how to best support you in your health, and also find out what is most important to you."

DVD: Emmy's 1st Encounter with a Service Provider

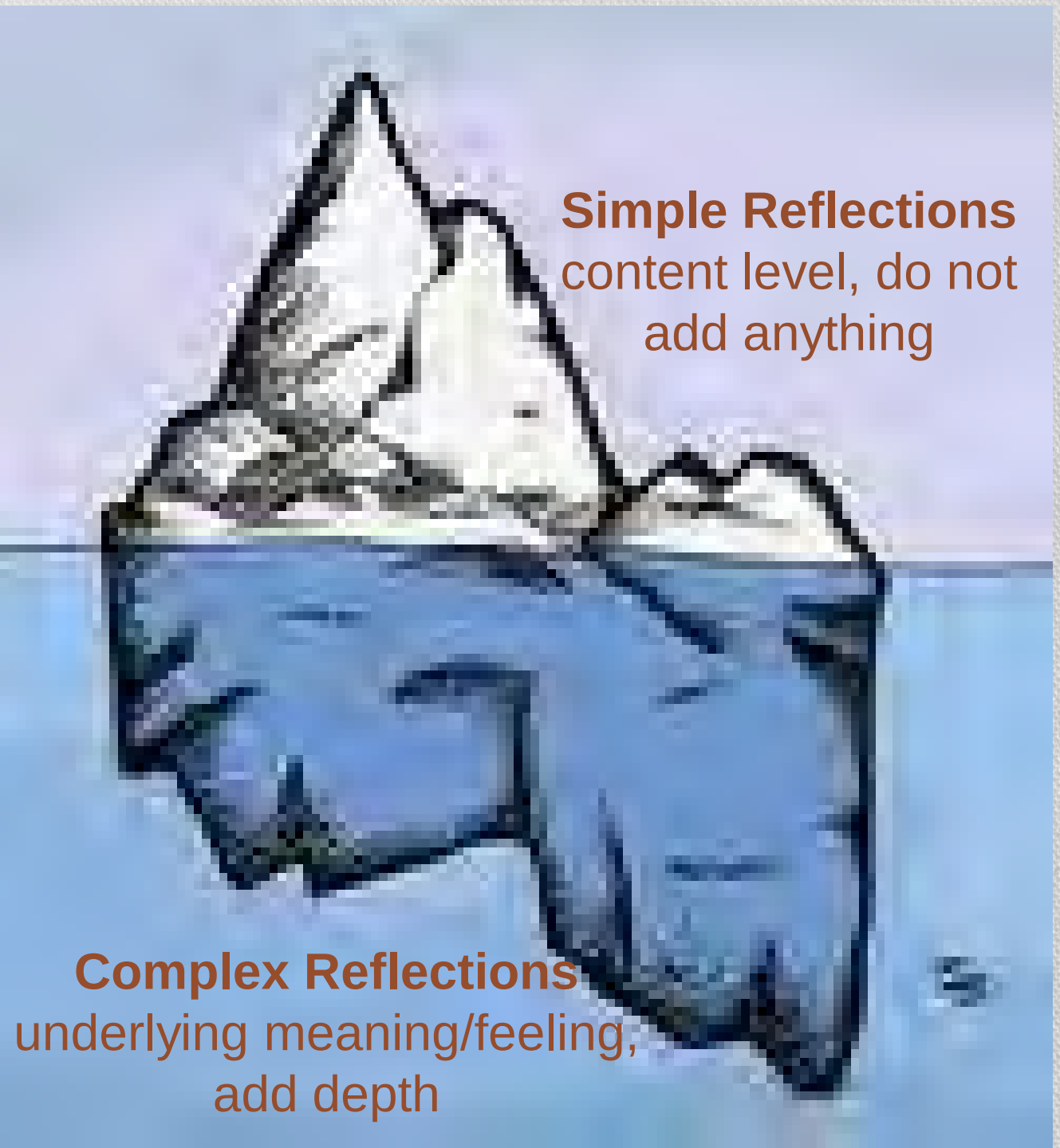
You might listen for:

- what TIP principles she makes explicit in her opening statement
- how she builds safety and engagement

Dr. Stéphanie Wahab, Portland State University, School of Social Work

https://www.youtube.com/watch?v=P3JUXQ4kkHs&list=PL5A762224006925 48&index=2

DVD Clip Part 1



Listen through a Trauma-informed Lens

What might you say next?

1. “I’m not drinking enough to cause any problems with my pregnancy.”

Reflection:

_____

_____

_____

What might you say next?

2. “The person who has a problem with drinking is my boyfriend.”

Reflection:

_____

_____

_____

Collaborative Agenda Mapping

It is vital to focus on areas that a woman **CAN** have some influence on such as:

Wahab, S. (2006). Motivational Interviewing: A client centered and directive counseling style for work with victims of domestic violence. *Arete,* 29(2), 11-22.

DVD: Emmy's 1st Encounter with a Service Provider

Jumping ahead in the conversation, you might watch for:

- how she introduces and uses agenda mapping
- what trauma-informed principles she makes explicit

Dr. Stéphanie Wahab, Portland State University, School of Social Work
https://www.youtube.com/watch?v=P3JUXQ4kkHs&list=PL5A762224006925 48&index=2

DVD Clip Part 2

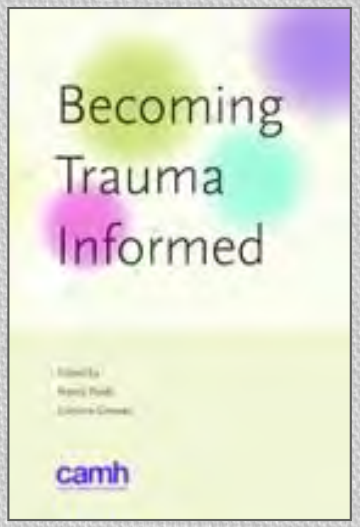
MI & TIP Shift Our Thinking & Approach

FROM deficit perspective	TO strengths-based
Why isn't this woman motivated?	For what is this woman motivated?
What is wrong with this woman?	What has happened to this woman?
She doesn't care.	She is making decisions to keep herself and her baby safe.
Symptoms/problems	Adaptations, attempts to cope
Ambivalence = frustration	Ambivalence = opportunity

Questions?

Becoming Trauma-informed

- Becoming trauma informed requires a range of adjustments in practice and system designs, supported by research, innovative change and inspired leadership. This is a tall order, and requires complex thinking.
- Becoming trauma informed benefits from collaboration and cooperation between all levels of service delivery.
- Becoming trauma informed is an ongoing process of system change and quality improvement, requiring constant adaptations and ongoing monitoring.



Poole, N., & Greaves, L. (Eds.). (2012). **Becoming Trauma Informed**. Toronto, ON: Centre for Addiction and Mental Health

www.bccewh.bc.ca

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