STRENGTH, EMPOWERMENT, & RESILIENCY: TRAUMA-INFORMED PERSPECTIVE ON PREGNANCY AND SUBSTANCE USE

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SELF-REFLECTION

• Think of a person who was supportive of you during a difficult time.
• Think of someone who was not supportive of you in your lifetime. How did this impact your self-confidence? Self-efficacy? Self-determination?
PREVALENCE

- **COMORBIDITY OF TRAUMA & SUBSTANCE USE DISORDERS**
- Meta-analysis of trauma and severe mental illness found a higher substance use rate among those with a history of trauma than with those without trauma (Mauritz, et. al.,2013)
- Wu, Schairer, Dellor, & Grella, (20100 found that 95% of both males and females experienced one childhood traumatic event. $N=402$
PREVALENCE & GENDER DIFFERENCES

- Addressing trauma in substance abuse treatment (Giordano, et. al., 2016)
- What are the prevalence of trauma among adults in substance use treatment?
- Are there statistically significant gender differences in types of trauma?
- \( N=121 \) (13 out-patient treatment in southwestern region of the US)
- 85.12 \% experiences a traumatic event in a lifetime
- Women were most likely to experience sexual abuse
GENDER DIFFERENCES

- Women 5 times more likely to report trauma (Sanford, et. al., 2014)
- Cosden (2015) reported 69% of women experienced childhood sexual abuse and physical abuse.
- Vancouver study reported that all of the sample N=31 reported childhood sexual abuse and more than half experienced an adult traumatic experience (Linden, et. al., 2013).
TRAUMA-INFORMED APPROACH

- Researchers have found that training is lacking in substance use counselors regarding trauma approaches.
- SAMHSA acknowledges there is lack of gender-specific treatment in the US.
- Integrating trauma-informed services increase clinical outcomes.
DEFINITION OF TERMS

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by and an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).
SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH (SAMHSA)

• 1. Safety
• 2. Trustworthiness and Transparency
• 3. Peer Support
• 4. Collaboration and Mutuality
• 5. Empowerment, Voice, & Choice
• 6. Cultural, Historical, and Gender Issues
TEN IMPLEMENTATION DOMAINS
(SAMHSA, 2014)

• Governance and Leadership
• Policy
• Physical Environment
• Engagement and Involvement
• Cross Sector Collaboration
• Screening, Assessment, Treatment Services
• Training and Workforce Development
• Progress Monitoring and Quality Assurance
• Financing
• Evaluation
STIGMA REDUCTION

• British Journal of Midwifery, August, 2011
  Radcliffe examined the reproduction of stigma in maternity services by exploring the workplace discourses of antenatal staff in 3 hospitals.
• Howard (2015) explored the decision-making process of pregnant women who had an opioid use disorder. $N=20$
INTERNAL STIGMA

• Victoria shared: “Felt like it was my fault. She was sick. I felt like, you know, felt really bad. That she was sick because of me. And because of my addiction she had to suffer because of my choices. And that’s basically why I didn’t want to do it with him, you know? Like I felt an immensely lot of guilt -- a total lot of guilt. I couldn’t even look at her, you know? And the sicker she got, the worse I got. Like I said, I could barely look at her. I felt oh, it was too much guilt. You know, like I felt like I didn’t deserve her, you know? There’s a lot of pain there. Because I like tortured myself about that for a long time.”
Carol shared about her experience with her second infant during her hospital stay when she was on methadone maintenance and how she believed she was improperly labeled as an addict:

I was at 235 [milligrams of methadone], and at …, and they treated you like garbage. It didn’t matter, prescribed or not. And she (infant) went through pretty bad withdrawal, and then I got to stay with her, but they were just so rude, and so mean. The doctors and the nurses. It was like they made you feel like trash because your baby, you know? And it’s like, you guys are the ones who put us on this. The doctors put us on the methadone, you know? They were just so disrespectful. I would be holding my daughter, and I would rock her, and the nurses would come in and just like stand there and watch me holding her, and to see if I was high. They’d be like, “Oh, no. Do it like this.” Or, you know, just telling me what to do, because they knew I wasn’t bringing her home. They knew she wasn’t coming home with me, so they treated me almost like I wasn’t her mom. So that was very, very hard.
COMPASS OF SHAME (NATHANSON, 1992)

Withdrawal:
- isolating oneself
- running and hiding

Avoidance:
- denial
- abusing drugs and alcohol
- distraction through thrill-seeking

Attack Other:
- "turning the tables"
- blaming the victim
- lashing out verbally or physically

Attack Self:
- self put-down
- masochism
SHAME RESILIENCE

- Shame versus Guilt
- Self versus Behavior
- Maladaptive versus Adaptive
EXERCISE TO UNDERSTAND

• Write down 3 of your favorite places, people, and objects of importance.
• Please remove one from each group.
COUNTERTRANSFERENCE

- Anger or Compassion?
THEORETICAL INTERVENTIONS

• Relational Cultural Theory (Miller, 1976) authentic and mutual connections is at the core of therapeutic healing.

• Shame Resilience Theory (Brown, 2004) is the ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experiences.

• Shared-Decision Making & Empowerment Decision Making Models (SAMHSA)
SELF-DETERMINATION THEORY (RYAN & DECI, 2008)

- Self-determination proposes that health-behavior consists of two psychological factors:
  - Patient’s perception of autonomy
  - Competence concerning their health behavior
• Pam shared: “We actually nominated a lot of our nurses for the NICU heroes. And we went back there to visit them. If it wasn’t for them, honestly, I wouldn’t have came here. (Intensive out-patient treatment center) We had this nurse, called her Nurse Kelly. She is -- [the little lady?] needs, like, an award. She’s amazing. That lady became, like, my mother.”
• Carol also had a positive relationship with her obstetrician:

She cares for you, she speaks to you like a human being, she understands, and she’ll do – she’ll do anything to help you, and to protect you with that baby, and to, you know, give you the best care and stuff. Doctor L. was amazing, and she explained everything in full detail before I made any type of decision about the methadone or the Subutex. And Doctor L was amazing with helping me with my decisions. It was all my decision, definitely.
RIA’S NICU STORY

https://youtu.be/D2QWYyO5qIA
EBP – TRAUMA INTERVENTIONS

- Seeking Safety
- Trauma & Recovery and Empowerment Model
- Addiction & Trauma Recovery Integration Model
REFERENCES