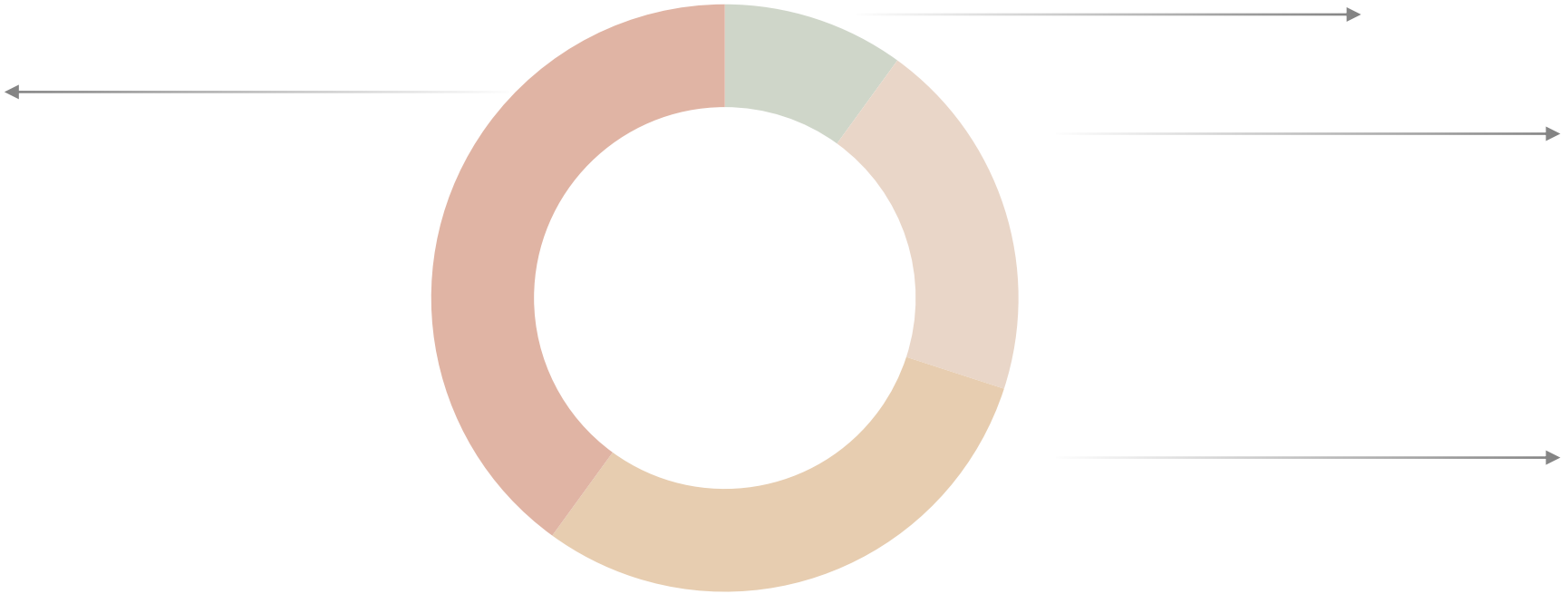
NAVIGATING TRAUMA HISTORY AND ATTACHMENT: ESSENTIAL SKILLS FOR PERINATAL HEALTHCARE PROVIDERS

OCTOBER 8, 2024

HILLARY MCBRIDE PHD, RPSYCH

WHAT MAKES THERAPY THERAPEUTIC?

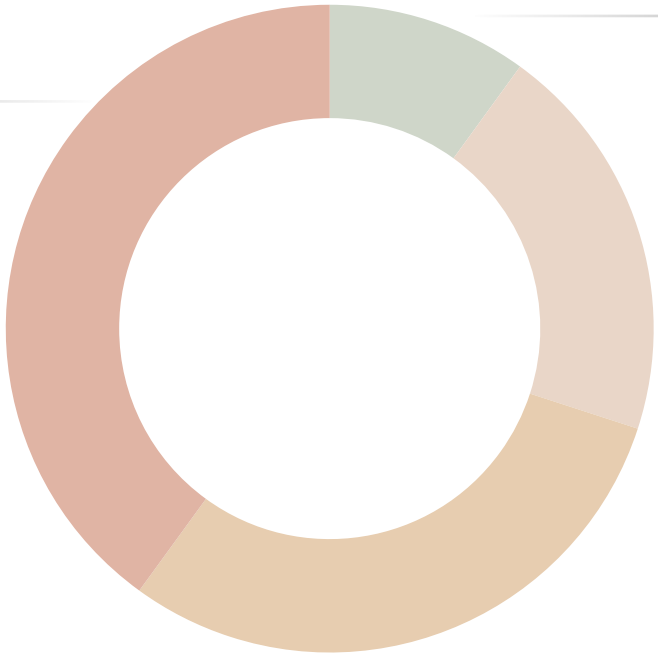


WHAT MAKES THERAPY THERAPEUTIC?

Asay and Lambert (1999): The Empirical Case for the Common Factors in Therapy: Quantitative Findings.

THE RELATIONSHIP:

COMMON FACTORS



EXPECTANCY EFECTS

TECHNIQUES

EXTRATHERAPEUTIC CHANGE

BIG IDEA:
SUPPORTING PEOPLE WELL WITH THEIR PERINATAL TRAUMA CAN HEAL BACKWARDS AND FORWARDS

CONNECTION AS THE PATHWAY TO GROWTH, HEALING, AND PAIN

- Relationships are essential to our development, flourishing, and healing.
- Experientially dependent development: the case for interpersonal neurobiology
- Building implicit relational maps for the world: Attachment systems
- The perinatal period is a crucible for the mother/parent, and the first blueprints of life for the infant
- The blurring of past experiences, and present experiences: the opportunity for healing, or trauma

TRAUMA IN THEPERINATAL PERIOD

- Trauma as a wound: overwhelm, powerlessness, disconnection, dissociation
- What happened back then, lives on now: The brain/body system is telling the story of what happened, is saying that it does not seems over
- Post-traumatic stress (< 1 month- ish)
- Disorders of trauma (> 1 month- ish)
- Subjectively defined, and objectively diagnosed
- Prevalence in Canada: 4% or 19% for high risk populations
- Perinatally: more likely to develop if a direct or indirect exposure to threatened death or severe injury of the mother or infant occurred

TRAUMA IN THE PERINATAL PERIOD

Risks with pregnancy/fertility:

Fertility

Pregnancy loss

Termination

Pregnancy (hyperemesis, complications, high medical risk)

Risks at a birth:

Surgical birth

Pre-term birth

High level of interventions

NICU or neonatal complications

Death and loss
Medical crisis
Unmanaged pain

Risks postpartum:

Feeding

Medical concerns or complications

Immediate postpartum/NICU

TRAUMA IN THE PERINATAL PERIOD

Risks for perinatal trauma:

- Prior trauma,
- lack of social support or adequate care
- complex medical situations

TRAUMA IN THE PERINATAL PERIOD

Adverse childhood experiences and poor birth outcomes in a diverse, low income sample (Mersky & Lee, 2019):

Samples of 1848 low income women in Wisconsin

Descriptive stats: 84.4% had one ACE, 68.2% Had multiple aces

When controlling for age, race/ethnicity, and education:

Cumulative ACE scores associated with increased pregnancy loss, preterm berth, or low birthweight.

TRAUMA IN THE PERINATAL PERIOD

Intergenerational Effects of Childhood Trauma: Evaluating Pathways Among Maternal ACES, Perinatal Depressive Symptoms, and Infant Outcomes (McDonnell et al., 2016)

Sample of 398 pregnant women, prenatal assessment of ACE scores and depression, Postpartum assessment of birth outcomes and depression. Report of infant socio-emotional functioning at 6 months.

Maternal ACES predict more depressive symptoms antenatally. Hx of childhood maltreatment predicts higher levels of maladaptive infant Socio-emotional symptoms.

TRAUMA IN THE PERINATAL PERIOD

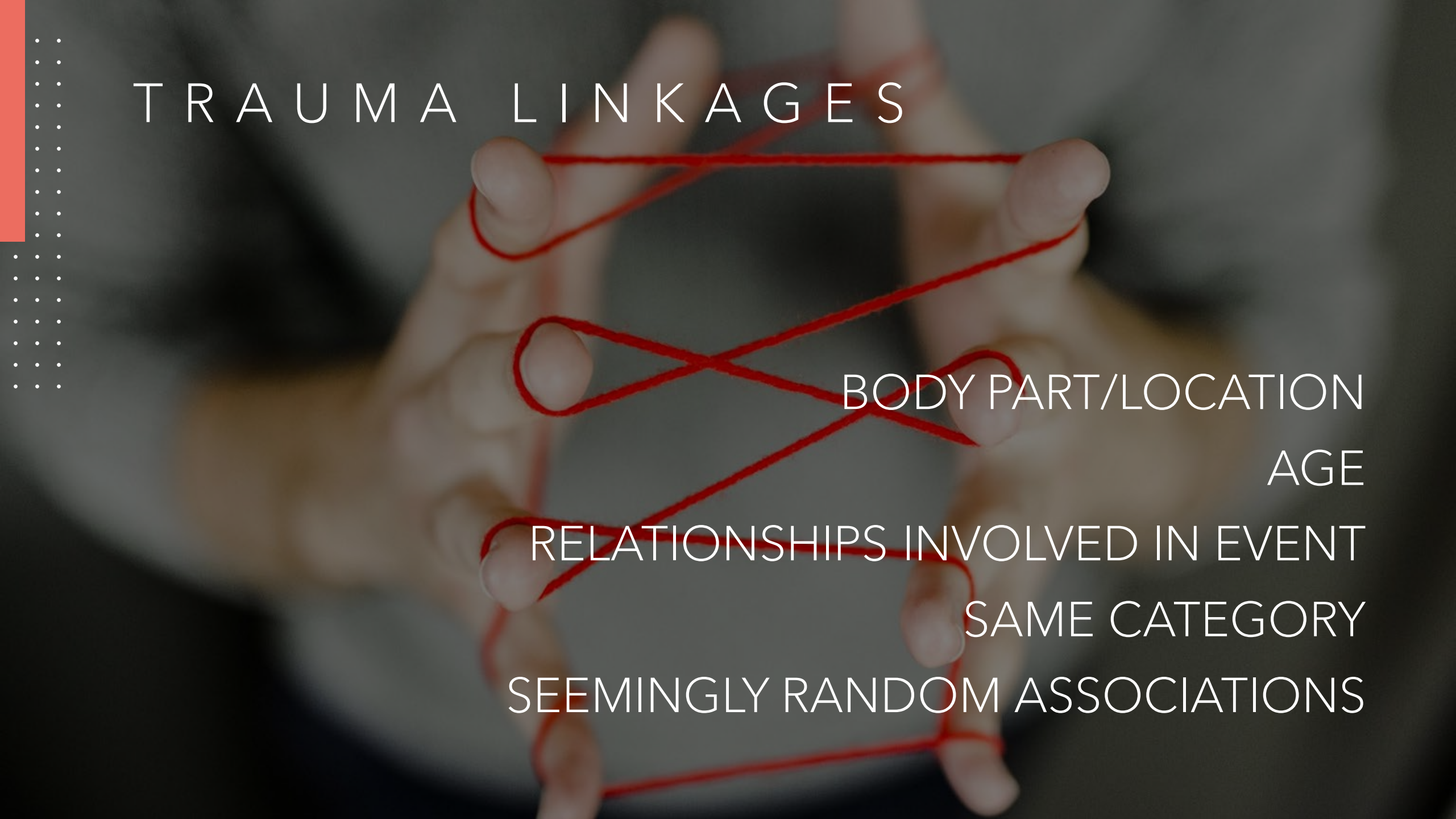
Influences of Maternal Adverse Childhood Experiences on Birth Outcomes in American Indian and non-Hispanic White Women (Goldstein & Brown, 2023)

Posthoc anaylsis of 2343 postpartum women. Descriptive stats: American Indian women had higher ACE scores (mean 3.37 vs 1.64).

Members of both groups with ACES has significantly increased odds of prenatal and postpartum depression, preterm birth, low birth weight.

Takeaway: Improving overall perinatal health outcomes requires addressing psychosocial experience, trauma history, and creating whole-person care.

TRAUMA LINKAGES



BODY PART/LOCATION

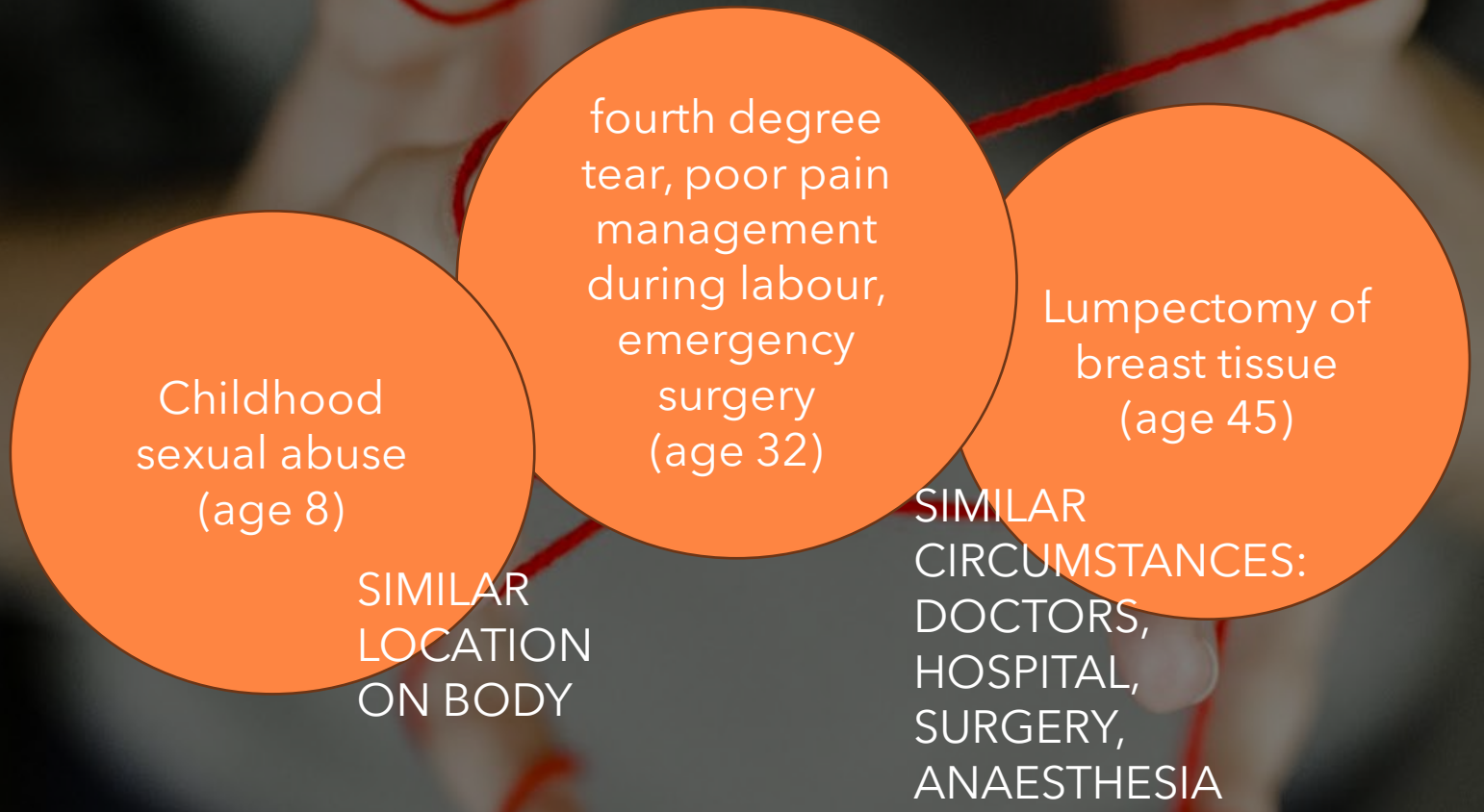
AGE

RELATIONSHIPS INVOLVED IN EVENT

SAME CATEGORY

SEEMINGLY RANDOM ASSOCIATIONS

TRAUMA LINKAGES



ASSESSMENT: WHAT MIGHT YOU SEE

Defense cascade:

- Emotional dysregulation/ high reactivity
- Low/impaired executive functioning
- Social isolation
- Avoidance
- Fear – freeze and hypervigilance
- Fawning behavior "auditioning for care"
- Dissociation
- Management/defensive strategies

- Fight: yelling, arguing with provider, and advocating for needs
- Flight: leaving a space because something seems off/unsafe
- Freeze: dissociation, numbness, unable to speak, brain is on 'pause' but remaining hypervigilant
- Fawn: agreeing to interventions even if not ok with them
- Funny: laughter, cracking jokes when its not funny, or being passive aggressive
- Flood: overwhelmed with uncontainable emotions, sobbing, screaming, wailing
- Flop: unresponsive, shut down, difficulty staying awake

ASSESSMENT: WHAT MIGHT YOU SEE LATER

- Longer term symptoms
  - Health anxiety
  - Avoidance of health care and mistrust of providers
  - Intrusive thoughts
  - Physical pain
  - Sexual pain, difficulty with sexual intimacy
  - Depression
  - Social isolation

Perinatal post-traumatic growth is possible:

Tedeschi and Calhoun (1996; 2004): PTG is psychological, social, and existential growth which emerges from struggling with a traumatic event. Trauma does not disappear, but co-exists with growth. Five dimensions: appreciation for life, relating to others, personal strength, new possibilities, and spiritual change.

For PTG to occur, an event significant enough to completely shake foundations of one's assumptive world is required.

Review of six studies exploring perinatal post traumatic growth:

- In two studies, younger age was only variable which predicted post traumatic growth
- In another study, high PTS symptoms during pregnancy and c section predicted growth
- In another sample, primiparity, higher resilience, and less fear of childbirth predicted ptg
- PTG found in sample of 328 women who experienced stillbirth and miscarriage
- Qualitative study: themes emerged: 1. opening to a new present, 2. achieving new level of relational nakedness, 3. fortifying spiritual mindedness, and 4. forging new paths.

Perinatal post-traumatic growth is possible

Beck, Watson, and Gable, 2018

Sample of 30 women who identified a traumatic birth

7 Reported prior traumatic event

Trauma: emergency c section, “obstetric rape”, and infant in NICU

Measures: Change in Beliefs, PTG inventory, PTS self report

Outcomes:

- Small degree of PTS symptoms
- Moderate disruption of core beliefs
- Small degree of posttraumatic growth
- Young age predicted more PTG
- Length of time since traumatic birth predicted higher PTG scores
- Appreciation of life was highest item of PTG

- Birth trauma can be perceived as a psychologically seismic occurrence of a magnitude that can severely shake the foundations of mothers’ assumptive worlds. In this study, the seismic waves from traumatic births had enough power to lead to a small degree of posttraumatic growth in mothers. Mothers in this sample reported a small degree of posttraumatic stress symptoms, a moderate level of disruption of their core beliefs, and a small degree of posttraumatic growth

ASSESSMENT: WHAT YOU COULD ASK/SAY

- In general:
  - Our past experiences can impact how we feel in the present moment. Sometimes what is happening reminds us of what has happened before that felt scary or overwhelming, I'm wondering if you have felt that way at all?
  - What would you like me to know about past experiences that might help me support you with what's happening right now/in the future?
  - What do you most want me to know about what this was like for you?
  - How are you managing when things are difficult?
- Pregnancy:
  - I'm wondering if there are any events in your life that you have survived that make you feel scared about [the rest of pregnancy, birth, postpartum]
  - These experiences can bring up a lot for us, if there is anything you have been through that makes you feel frozen, scared, or powerless, I want to know about it.
- Birth
  - You have lots of choice
  - What might help you feel more empowered?
- Postpartum:
  - What was it all like? What will you remember most now that it's all said and done?
  - What scenes flash into your mind when you think about [birth/pregnancy/the early postpartum days]
  - How connected are you feeling to your baby these days? What is getting in the way of that?

WHAT NEW MOMS/PARENTS NEED TO KNOW:

- Fundamental needs for attachment:
  - Attunement
  - Responsiveness
  - Engagement
  - Ability to tolerate your affect
  - Ability to regulate your affect
  - Willingness to repair harm

WHAT NEW MOMS/PARENTS NEED TO KNOW:

- Trauma can sensitize us to distress and overwhelm, it can also sensitize us to beauty, connection, and care
- It is never too late to heal our past
  - Perinatal experience and parenthood reliably ask us to look at our past experiences including childhood, how we were parented, our unfinished business, and our reactions. What comes up for us is an invitation to parent and love ourselves and do it differently for our children. Breaking a cycle is a legitimate form of healing for our own selves.
  - What would make it all different, or have made it all different for you?
- Rupture is part of secure attachment, when it includes repair
  - Attunement and engagement, Rupture, and Repair are the ingredients of secure attachment
  - We create healthy attachment by identifying the misses, and trying to make them right. Naming this explicitly is important.
- Self regulation is a great parenting strategy
  - How we feel about our child's feeling can tell us a lot about ourselves. We often learn to regulate right alongside our children, and through teaching them. Learning about our own feelings, our own reactions, and how to track sensation in our bodies, express and talk about emotions, and bring others in to help us, is good modelling.
  - The problem with 'mom who goes away to feel her feelings' is that children never get to see the process of learning to regulate

WHAT CARE PROVIDERS CAN DO:

- Validate the response to overwhelming experience
  - It really did happen, I'm so sorry it happened that way. You felt so scared. I believe you that it felt that terrifying. I am so glad it is over and that you are here now.
- Assessment: City Birth Trauma Scale https://cpb-eu-w2.wpmucdn.com/blogs.city.ac.uk/dist/1/2580/files/2019/12/City-BiTS-scoring-information.pdf
- Educate without blaming
  - Giving strategies for other/novel behaviors or ways of coping. Some old behaviors or ways of coping are cultural proceduralized.
- Look for what they are doing well:
  - See something in the appointment that is a positive sign of attachment? Reinforce it
- Ask what is going well, a moment of pride, a success story:
  - What we talk about becomes consolidated, especially when praised by a valued other.
- Give small simple strategies or assignments:
  - Fake it till you make it! Or act as if…
  - Mirroring and eye contact with baby: gazing, playing, mirroring speech
  - Prioritize safety over doing it right
  - Be with the infant during the intensity of their feeling is enough
  - Grounding, mindfulness, breath work in overwhelming moments to come to here and now
  - Writing through difficult experiences, telling the story
  - Bring in support, not just for infant care but also for parent self care, processing, connection.

CITY BIRTH TRAUMA SCALE

https://cpb-eu-w2.wpmucdn.com/blogs.city.ac.uk/dist/1/2580/files/2019/12/City-BiTS-scoring-information.pdf

During the labour, birth and immediately afterwards:	Score 1	Score 0
Q1. Did you believe you or your baby would be seriously injured?	Yes	No
Q2. Did you believe you or your baby would die?	Yes	No

The next questions ask about symptoms you may have experienced. Please indicate how often you have experienced the following symptoms in the last week:

Symptoms about the birth*	NOT AT ALL	ONCE	2 - 4 TIMES	5 OR MORE TIMES
Q3. Recurrent unwanted memories of the birth (or parts of the birth) that you can't control	0	1	2	3
Q4. Bad dreams or nightmares about the birth (or related to the birth)	0	1	2	3
Q5. Flashbacks to the birth and/or reliving the experience	0	1	2	3
Q6. Getting upset when reminded of the birth	0	1	2	3
Q7. Feeling tense or anxious when reminded of the birth	0	1	2	3
Q8. Trying to avoid thinking about the birth	0	1	2	3
Q9. Trying to avoid things that remind me of the birth (e.g. people, places, TV programs)	0	1	2	3
Q10. Not able to remember details of the birth	0	1	2	3
Q11. Blaming myself or others for what happened during the birth	0	1	2	3
Q12. Feeling strong negative emotions about the birth (e.g. fear, anger, shame)	0	1	2	3

* Although these questions refer to the birth, many women have symptoms about events that happened just before or after birth. If this is the case for you, and the events were related to pregnancy, birth or the baby then please answer for these events.

Symptoms that began or got worse since the birth	NOT AT ALL	ONCE	2 - 4 TIMES	5 OR MORE TIMES
Q13. Feeling negative about myself or thinking something awful will happen	0	1	2	3
Q14. Lost interest in activities that were important to me	0	1	2	3
Q15. Feeling detached from other people	0	1	2	3
Q16. Not able to feel positive emotions (e.g. happy, excited)	0	1	2	3
Q17. Feeling irritable or aggressive	0	1	2	3
Q18. Feeling self-destructive or acting recklessly	0	1	2	3
Q19. Feeling tense and on edge	0	1	2	3
Q20. Feeling jumpy or easily startled	0	1	2	3
Q21. Problems concentrating	0	1	2	3
Q22. Not sleeping well because of things that are not due to the baby's sleep pattern	0	1	2	3
Q23. Feeling detached or as if you are in a dream	0	1	2	3
Q24. Feeling things are distorted or not real	0	1	2	3

If you have any of these symptoms:

Q25. When did these symptoms start?	
Before the birth	0
In the first 6 months after birth	1
More than 6 months after birth	2
Not applicable (I have no symptoms)	

Q26. How long have these symptoms lasted?	
Less than 1 month	0
1 to 3 months	1
3 months or more	2
Not applicable (I have no symptoms)	

RESOURCES FOR PERINATAL TRAUMA

- Books:
  - Birth trauma- Thomas ; Coping with birth trauma and postnatal depression- Jolin ; Birthing Justice: Black women, pregnancy, and childbirth – Oparah and Bonaparte
  - Healing after Birth- Summerfeldt ; Still- Hansen; The fourth trimester - Johnson
- Therapies: Behavioral (CBT/DBT), Eye Movement (EMDR, ART, Brainspotting), Body-based (sensorimotor processing somatic experiencing), Parts work (IFS, Gestalt, Ego state), Attachment (Lifespan Integration, AEDP), Psychadelic psychotherapy (Ketamine)
    i. https://www.powertopush.ca/maternity-care-bc/counseling/
    ii. https://www.postpartum.net/group/birth-trauma-support/
    iii. https://www.reproductiveperinataltraumacentre.com
    iv. https://www.carolynspring.com/free-downloads/
    v. Mother circle – Kimberly ann johnson
- Trainings for providers: Canadian Perinatal Mental Health Trainings
- Pathways: For partners "**supporting someone with PTSD**"
- Social media @theteaonbirthtrauma @thebirthtrauma_mama @wildmatresence

  https://www.facebook.com/groups/birthtraumasupportgroup

RESOURCES FOR EARLY CHILDHOOD TRAUMA

- Pathways: **The Brain Story** – ACES, and attachment "serve and return" , **Trauma Informed Care (TIC) pocket guide (**NYC Health + hospitals)
- Books:
  - The Adverse Childhood Experiences Guided Journal – Nakazawa
  - What My Bones Know- Foo
  - Good inside- Kennedy
  - Call of the wild- Johnson
  - Complex ptsd – Walker
  - My grandmothers hands – Menakem
  - Healing trauma - Levine
- Therapies: Behavioral (CBT/DBT), Eye Movement (EMDR, ART, Brainspotting), Body-based (sensorimotor processing somatic experiencing), Parts work (IFS, Gestalt, Ego state), Attachment (Lifespan Integration, AEDP), Psychadelic psychotherapy (Ketamine)
- Support/courses/resources: Irene Lyon, Trauma Center Trauma Sensitive Yoga, The Complex PTSD workbook- Schwartz, https://www.carolynspring.com/free-downloads/
- Podcasts; Black Girls Heal, The Healing Trauma Podcast, Carolyn Spring Podcast

RESOURCES FOR ATTACHMENT

Trainings and resources

- Circle of Security
- Good inside : Online trainings and podcast https://www.goodinside.com/
- Lovevery – playkit guides
- Baby's best chance https://www.healthlinkbc.ca/pregnancy-parenting/babys-best-chance
- APP - ERA: Parent with purpose

Books

- Raising a secure child- Hoffman, Cooper, and Powell
- Good inside- Kennedy
- Parenting from the inside out – Siegel
- Conscious parent – Tsabary

BIG IDEA:
SUPPORTING PEOPLE WELL WITH THEIR PERINATAL TRAUMA CAN HEAL BACKWARDS AND FORWARDS

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