Mother & Baby Substance Exposure Toolkit

Best Practice No. 7

A part of the California Medication Assisted Treatment Expansion Project

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Implement Trauma-Informed Care to optimize patient engagement

Best Practice No. 7

Outpatient, Labor and Delivery, Nursery/NICU, and Treatment

Overview

Implement Trauma-Informed Care to optimize patient engagement in prenatal care.

Why we are recommending this best practice

Many pregnant women with opioid use disorder (OUD) have experienced significant traumatic events, adversity, and toxic stress in their lives, including sexual abuse and other Adverse Childhood Experiences (ACEs). Trauma refers to intense and overwhelming experiences that involve serious loss, threat, or harm to a person's physical and/or emotional well-being. These experiences may occur at any time in a person's life; they may involve a single traumatic event or may be repeated over many years. These traumatic experiences often overwhelm a person's coping capacity. In many cases, prescription and/or illicit opioid use begins as a coping mechanism to manage the symptoms of post-traumatic stress disorder (PTSD).

Trauma-Informed Care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper E, et al, 2009). Trauma-Informed Care acknowledges a patient's life experiences as key to improving engagement and outcomes while lowering unnecessary utilization. It changes the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" Just as with "universal precautions" for infection control, Trauma-Informed Care necessarily assumes that every patient, and indeed every provider or staff person, has a history of traumatic stress.

In order to be successful, Trauma-Informed Care must be adopted at both the organizational and clinical levels and cannot be implemented as a singular, disconnected intervention that occurs between providers and a few patients who are seemingly appropriate for this kind of care based on their diagnosis and social history. Successful implementation requires a commitment from the agency, service line, or department for significant culture change at the organizational and clinical levels. Trauma-Informed Care is not a "one and done" training for staff and management. Rather, it is a comprehensive journey to implement systematic changes in how care is delivered for every person who enters care. It involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services. Furthermore, a trauma-informed organizational structure addresses the impact of trauma across the lifespan and the critical role of health care service delivery systems to interrupt the cycle of trauma by employing trauma-aware services, policies, and mindsets.

SAMHSA recognizes six principles that are fundamental to a Trauma-Informed Approach:

- Safety. Do we help promote a sense of safety for every person?
- Trustworthiness and Transparency. Do we conduct all patient care with complete transparency and with the goal of building and maintaining trust?
- Peer Support. Do we provide any peer support services or mutual help services that build upon the trauma-informed framework of safety, trust, and collaboration in care?
- Collaboration and Mutuality. Do we share power in decision making in a meaningful way and maximize the ability of patients to engage in care decisions?
- Empowerment, Voice, and Choice. How are we providing the resources necessary to both staff and patients in order to ensure skill building, goal-setting, and non-coercive treatment for every patient
- Recognition of cultural, historical, and gender issues. Are we actively working to move beyond cultural stereotypes based on gender-identity, race, sexual orientation, socio-economic status, and more? Do we recognize historical trauma and impact on race-based disparities?

Strategies for Implementation

- The Trauma-Informed Care Implementation Resource Center, developed by the Center for Health Care Strategies with support from the Robert Wood Johnson Foundation, offers a one-stop information hub for health care providers interested in implementing Trauma-Informed Care. It houses the following:
    - foundational content regarding the impact of trauma on health
    - testimonials from providers who have adopted trauma-informed principles
    - in-the-field examples illustrating how to integrate Trauma-Informed Care into health care settings
    - practical strategies and tools for implementing trauma-informed approaches
    - information for state and federal policymakers interested in supporting Trauma-Informed Care

- Review SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (refer the Resources section of this Best Practice), which offers first steps to organizational assessment and development around the Trauma-Informed Care model of care. Identify how this model of care can be integrated into your current care model.

- Create a comprehensive organizational structure, whereby the entire workforce operates under a Trauma-Informed Care model. The San Francisco Department of Public Health Workforce Training Model and The Sanctuary Model examples can be found in the Resources section of this Best Practice.

- Start to adopt new organizational and clinical practices that address the impact of trauma on patients and staff, including but not limited to:
    - Lead and communicate about being trauma-informed
    - Engage patients in organizational planning and shared decision making about treatments
    - Train both clinical and non-clinical staff in trauma-specific approaches and build a trauma-informed workforce

- Create a safe physical and emotional environment
- Prevent secondary traumatic stress in staff
- Hold each other accountable
- Screen all patients for trauma
- Engage referral sources and partner organizations that are also trauma-informed

Resources

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4. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. SAMHSA.

5. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

6. S.E.L.F.: A Trauma-Informed Psychoeducational Group Curriculum. The Sanctuary Model.

7. Implementing Trauma-Informed Practices throughout the San Francisco Department of Public Health. Center for Health Care Strategies.

8. Center for Health Care Strategies. Laying the Groundwork for Trauma-Informed Care.

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