

TRAUMA INFORMED CARE & NEONATAL ABSTINENCE SYNDROME

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DISCLOSURE

- We have no financial disclosures or conflicts of interest to report.



OBJECTIVES

- Recognize that trauma exists in multiple forms and adverse experiences can impact a caregiver's interaction with the baby and medical team, thus influencing patient care.
- Acquire knowledge about trauma-informed care and how it is applicable to this patient population.
- Utilizing case-based scenarios, work with colleagues to apply these methods and brainstorm new techniques for improved bedside interactions using trauma-informed care.
- Feel comfortable and well equipped to employ these skills in practice to increase patient satisfaction, increase family presence, and decrease hospital length of stay in these patients.



WHAT DO YOU SEE?



Audience Members should text **TRAVISCROOK972** to **37607** to join the session.

Now, text individual words that describe what you see here. You may respond more than once.



What words come to mind when you see this picture?

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WHAT DO YOU SEE?



Text individual words that describe what you see here. You may respond more than once.

Now, what do you see?

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WHAT DO YOU THINK MIGHT HAVE CONTRIBUTED TO THOSE DIFFERENCES?

HOW MIGHT A MOTHER FEEL ABOUT THOSE JUDGEMENTS?

- “I felt judged by them, like they didn’t want me to be there and like I didn’t care for my own child.”
- “I felt like they were scoring my child higher because they wanted me out of the nursery. They wouldn’t even explain what they were scoring him for and told me it wasn’t for me to understand.”
- “The birth of my son, which was supposed to be this wonderful, turn-around experience for me, was just miserable.”



NAS EPIDEMIOLOGY

- From 2000 – 2009 the incidence of Neonatal Abstinence Syndrome (NAS) in the United States tripled
- From 2009 – 2012 the incidence of NAS has nearly doubled again
 - Aggregate Hospital Charges went from \$732 million to \$1.5 billion
 - 81% of these charges were attributed to state Medicaid programs
- Once a problem largely localized to the Northeast, the entire country is now seeing increasing incidence (Central Southeast the fastest growing incidence)



WHAT DOES THIS MEAN FOR MY HOSPITAL?

- National Average Length of Stay for an NAS patient is ~21 days
- Multiple sites have demonstrated that caring for these patients on the Inpatient Ward Setting can reduce LOS to ~14 days
 - Not factoring in differences of cost between Ward and NICU beds, this is a \$500 million saving
- Family Presence at the bedside is a key driver in this reduction of LOS



OUR INSTITUTION'S INITIATIVE

	Family Presence (average)	Length of Stay (average days)	Rescue Doses (average p/pt)
Total	43.98%	17.24	0.48
NICU	33.54%	19.96	0.53
Ward	75.45%	13.85	0.15



SO IF FAMILY PRESENCE IS A KEY DRIVER IN REDUCING LENGTH OF STAY, HOW DO WE GET OUR FAMILIES MORE INVOLVED AND ENGAGED AT THE BEDSIDE?

- TRAUMA-INFORMED CARE



ADVERSE CHILDHOOD EXPERIENCES (ACES)

- 1975: term “new morbidity” introduced
- Most common ACEs encountered in the US
 - Child abuse: physical, sexual, or verbal
 - Household dysfunction
 - Neglect: emotional, physical
 - Additions
 - Extreme economic adversity
 - Bullying
 - School/community violence
 - Others...



ACE QUESTIONNAIRE

- Please take a few moments to fill out the questionnaire at your seat.
- When you are finished, please text your total ACE score to: **37607**



What is your total ACE score?

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Poll Everywhere

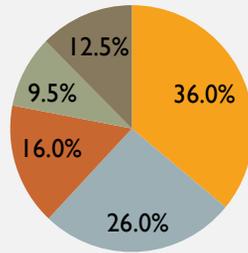
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ACES: EPIDEMIOLOGY

Number of ACEs Experienced (n = 17,337)

64% adults have
at least 1 ACE



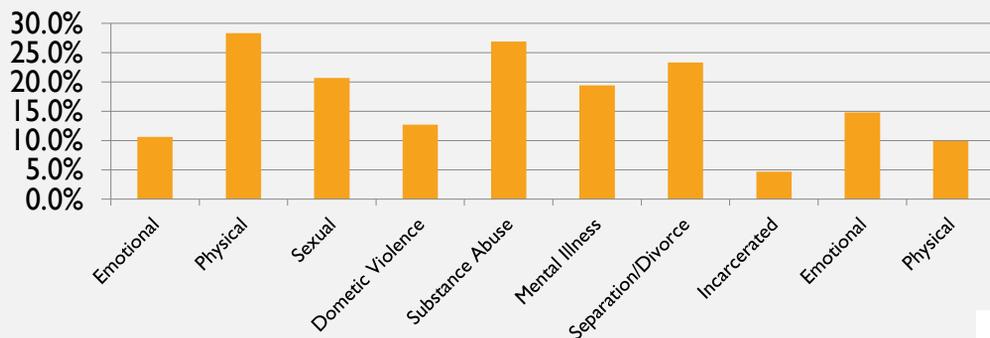
zero
one
two
three
four+

Source: <https://www.cdc.gov/violenceprevention/acestudy/about.html>



ACES - EPIDEMIOLOGY

Prevalence of ACEs by Category



Source: <https://www.cdc.gov/violenceprevention/acestudy/about.html>



WHAT ARE LONG TERM EFFECTS?

- Graded relationship between the number of ACEs and adult health risk behaviors
- Persons with 4+ ACEs compared to those who experienced none:

4-12 fold	2-4 fold	1.4-1.6 fold
Alcoholism Drug Abuse Depression Suicide Attempt	Smoking Poor self-rated health >= 50 sexual partners STIs	Physical inactivity Severe obesity

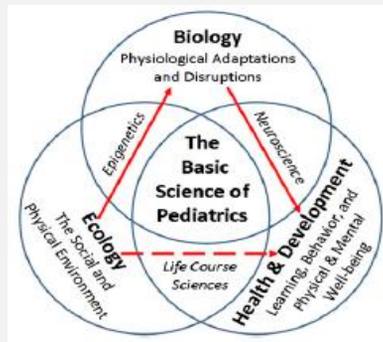


ADDITIONAL LONG TERM EFFECTS

- Increasing number of ACEs also increases risk for:
- COPD, ischemic heart disease, stroke, liver disease, cancer, diabetes
- Fetal death
- Unintended pregnancies, adolescent pregnancy
- Early initiation of smoking, early initiation of sexual activity
- Financial stress
- Domestic violence, sexual violence
- Poor academic achievement, poor work performance



BASIC SCIENCE OF PEDIATRICS



Source: Shonkoff, et al. Pediatrics. 2012;129:e232-e246.



WHAT IS TRAUMA-INFORMED CARE

- TIC is a method of care aimed at taking into consideration past adverse childhood experiences in someone's life and the influence and implications those events might have on their current and future health as well as their response to the healthcare environment.

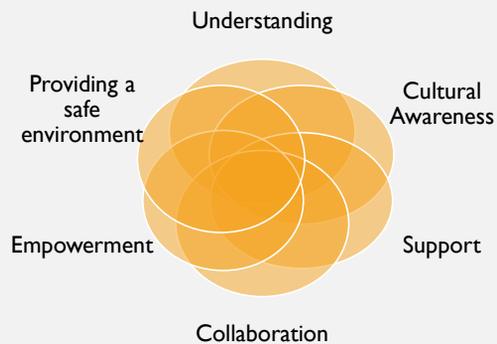


WHAT IS THE GOAL OF TIC IN NEONATAL ABSTINENCE SYNDROME?

- To build trust and a collaboration together in the hopes that we can work as a team to improve the baby's and mother's health moving forward and enhance outcomes for both in the dyad.



WHAT ARE THE BASIC TENETS OF TIC?



UNDERSTANDING

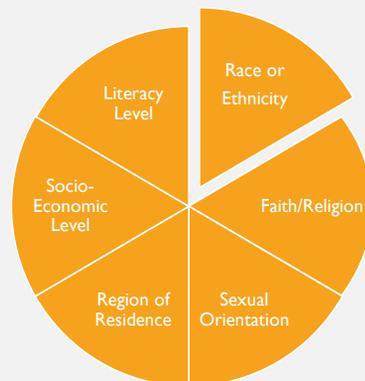
- **Realize** the prevalence of trauma in the population we are serving
 - - average ACE score in this population
- **Recognize** its ability to influence the care of their babies
 - - what modeling has the mother witnessed?
- **Resist** retraumatization
 - - what are the mother's triggers?
- **Respond** appropriately
 - - use this knowledge to guide your future interactions



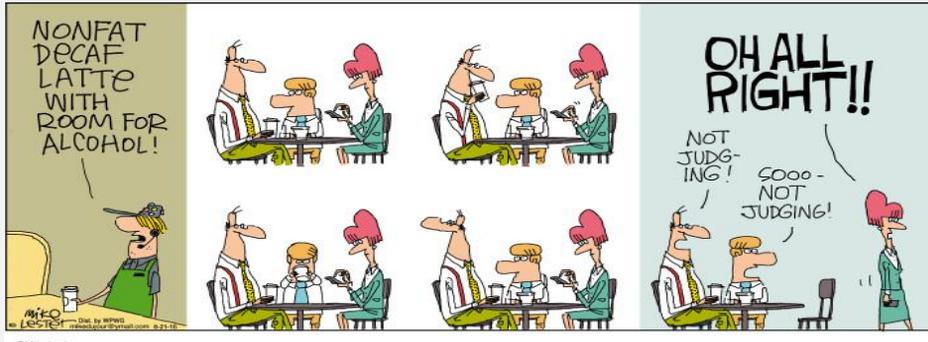
CULTURAL AWARENESS

Shared decision-making that integrates families' cultural beliefs

- “Culture” includes:



PROVIDING A SAFE ENVIRONMENT



- In order to stop making judgements, the first step is realizing you are making them.



PROVIDING A SAFE ENVIRONMENT

- Avoid judgement
- Give empathy
- "I would just tell [the nurses] to take it easy [on the mother]. You know, after being addicted, I realized that this is really a disease. There are some who abuse, but if you're using while you're pregnant, you have a problem; a big problem... and you need help. You obviously don't care about yourself, about anything except the drug. Make it a little bit easier on that mother if she's showing initiative... if she's taking the time to be there. If she loves her child, you can see it and you can feel it. If it's obvious that she's there for the baby then embrace it; make it easier. You don't know what her circumstances are. You don't know what she's been through or how hard her life has been. You don't know what she was feeling when she was pregnant... if she was being abused, if she was poor. Whatever the reason she was using while she was pregnant... you just don't know. So, try to make it easier for her:" (Cleveland, 2014)



PROVIDING SUPPORT

- Encouragement/Acknowledgement
 - “We appreciate when you are here with the baby; we can tell they respond so well to you.”
 - Choose your words carefully, saying “their scores are so much lower when you are here” can lead to feelings of guilt if mother has to be away at some times
- Give them support, resources, and the best chance to succeed
 - Involve social work early
 - Explain that your job is to take the best care of the child, and that includes the best care of the mother to preserve baby-mother dyad
 - Make referrals
 - Provide financial support if able



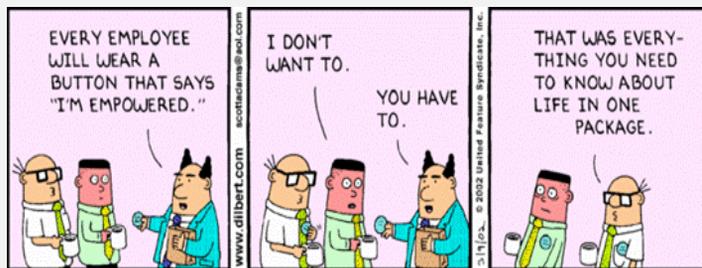
COLLABORATION

- Be transparent in your interactions
 - Mothers want to know what is being done to their baby and why (Fraser, 2007; Cleveland, 2013)
 - Be clear and open/honest in your discussions
- Involve mother's opinions in care plans
 - “What do you feel your baby needs?”
 - “How do you feel they have been reacting to their morphine wean?”



EMPOWERMENT

- “We want you to be here, you are an important member of this team.”
 - Offer mothers a voice (we care about what you think!)
 - Offer mothers a choice, even small ones can make a big difference (do you think it would be better if we did x or y?)



TIC SPECIFIC PROGRAMS

- ATRIUM (Addiction and Trauma Recovery Integration Model)
- Essence of Being Real
- Sanctuary Model
- Seeking Safety
- TAMAR (Trauma Addiction, Mental Health, and Recovery)
- TARGET (Trauma Affect Regulation: Guide for Education and Therapy)
- TREM (Trauma Recovery and Empowerment Model)

- Risking Connection



APPLYING TRAUMA INFORMED CARE

- Recognize your own biases
 - Understand your patients' situations
 - Focus on connecting
 - Educate
 - Empower
 - Reinforce and Encourage
- 
- Reflection and modeling
 - Gathering their story; present and past
 - Finding common ground
 - Verbal and Hard Copies
 - Provide specific tasks and choices
 - Give positive feedback and immediate praise
- 



QUESTIONS? COMMENTS?



WHAT CAN I DO AT MY HOME INSTITUTION?



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