USING TRAUMA-SENSITIVE OBSTETRIC CARE TO REDUCE PTSD SYMPTOMS AMONG PREGNANT SURVIVORS OF ABUSE AND VIOLENCE

A Multilevel Intervention Approach

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OVERVIEW

1. Prevalence and impact of trauma on pregnancy outcomes
2. Multilevel (psychological and medical) intervention development
3. Preliminary pilot data

TRAUMA IS PREVALENT AND HAS LASTING CONSEQUENCES

- Nationally, one in THREE women is assaulted in her lifetime
- HALF of OB/GYN patients at Rush have been violently assaulted or raped
- OB/GYN Resident's Clinic:
  - 100% Medicaid-Insured
  - 80% African-American
  - Average # lifetime interpersonal traumas = 3
  - Percent affected by childhood abuse = 44%
  - Percent with PTSD symptoms = 25%

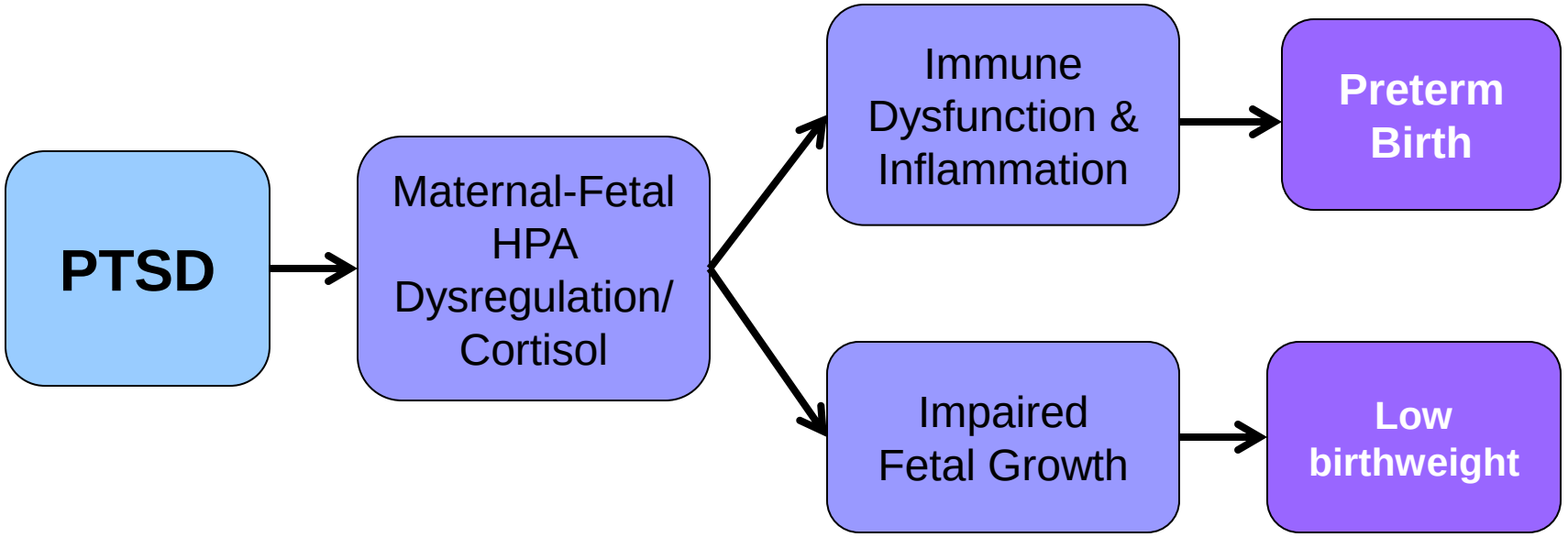
Roberts et al., 2012 In Psych Med; Stevens et al., 2013 In Beh Ther

AFRICAN-AMERICAN WOMEN EXPERIENCE MORE TRAUMA AND PTSD

- Compared to White women, African-American women experience:
  - HIGHER rates of child abuse
  - HIGHER rates of PTSD in pregnancy
  - LOWER rates of mental health treatment in pregnancy

Schumm, Stines, Hobfoll, & Jackson, 2005 In J Trauma Stress; Schumm, Briggs-Phillips, & Hobfoll, 2006 In J Trauma Stress; Seng, Kohn-Wood, McPherson, & Sperlich, 2011 In Arch Women's Ment Health

PTSD INCREASES RISK OF PRETERM BIRTH AND LOW BIRTHWEIGHT



Orr, Reiter, Blazer, & James. 2007 In Psychosom Med; Schetter, 2010 In Annu Rev Psychol; Schetter & Tanner, 2012 In Curr Opin Psychiatry; Seng, Low, Sperlich, Ronis, & Liberzon, 2011 In BJOG

CURRENT PTSD TREATMENTS …

- Evoke **aversive physiological arousal** that is poorly tolerated in pregnancy
- Do not address pregnancy-focused coping
- Do not involve obstetric providers

Seng, Sparbel, Low, & Killion, 2002 In J Midwifery Womens Health


TO-CARE
Trauma-sensitive Obstetric Care

WHY TO-CARE?

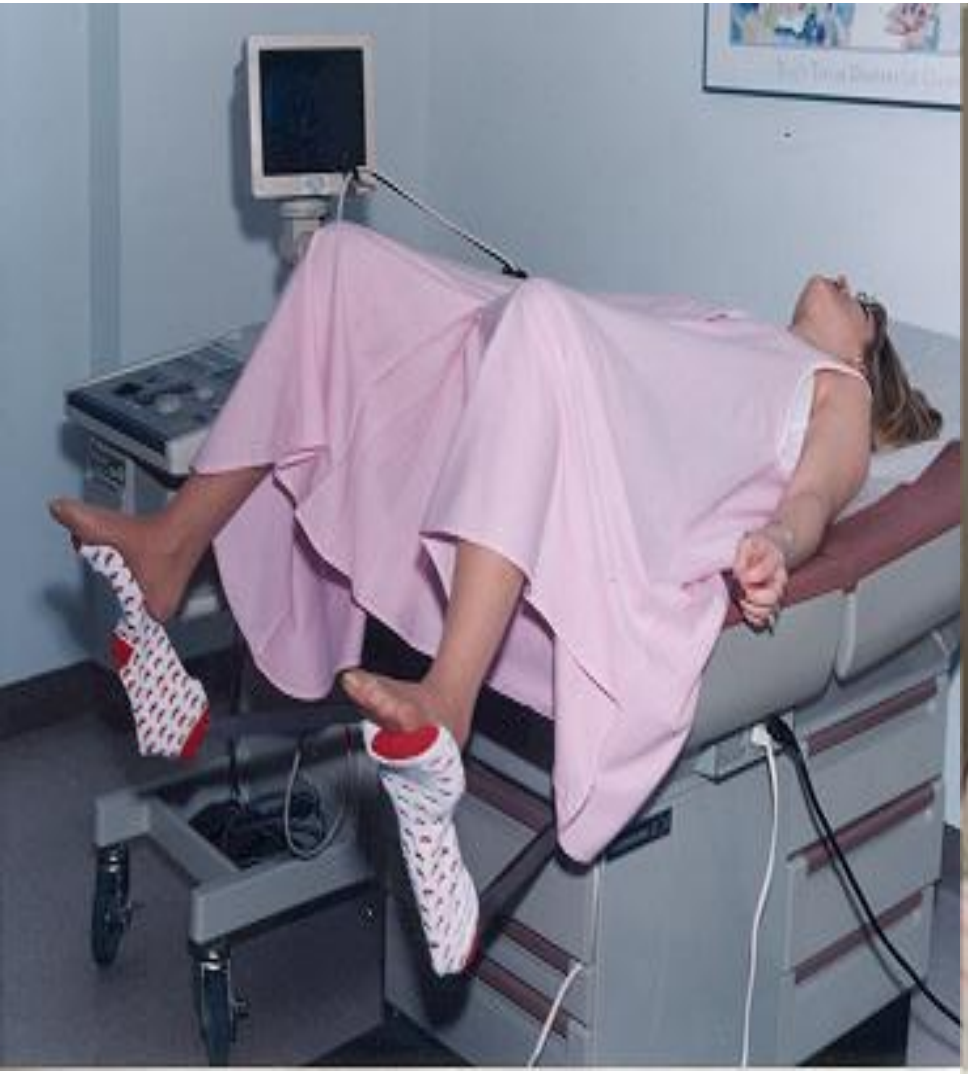
ABUSE & PTSD AFFECT COPING IN PREGNANCY

Women with PTSD who have been abused:

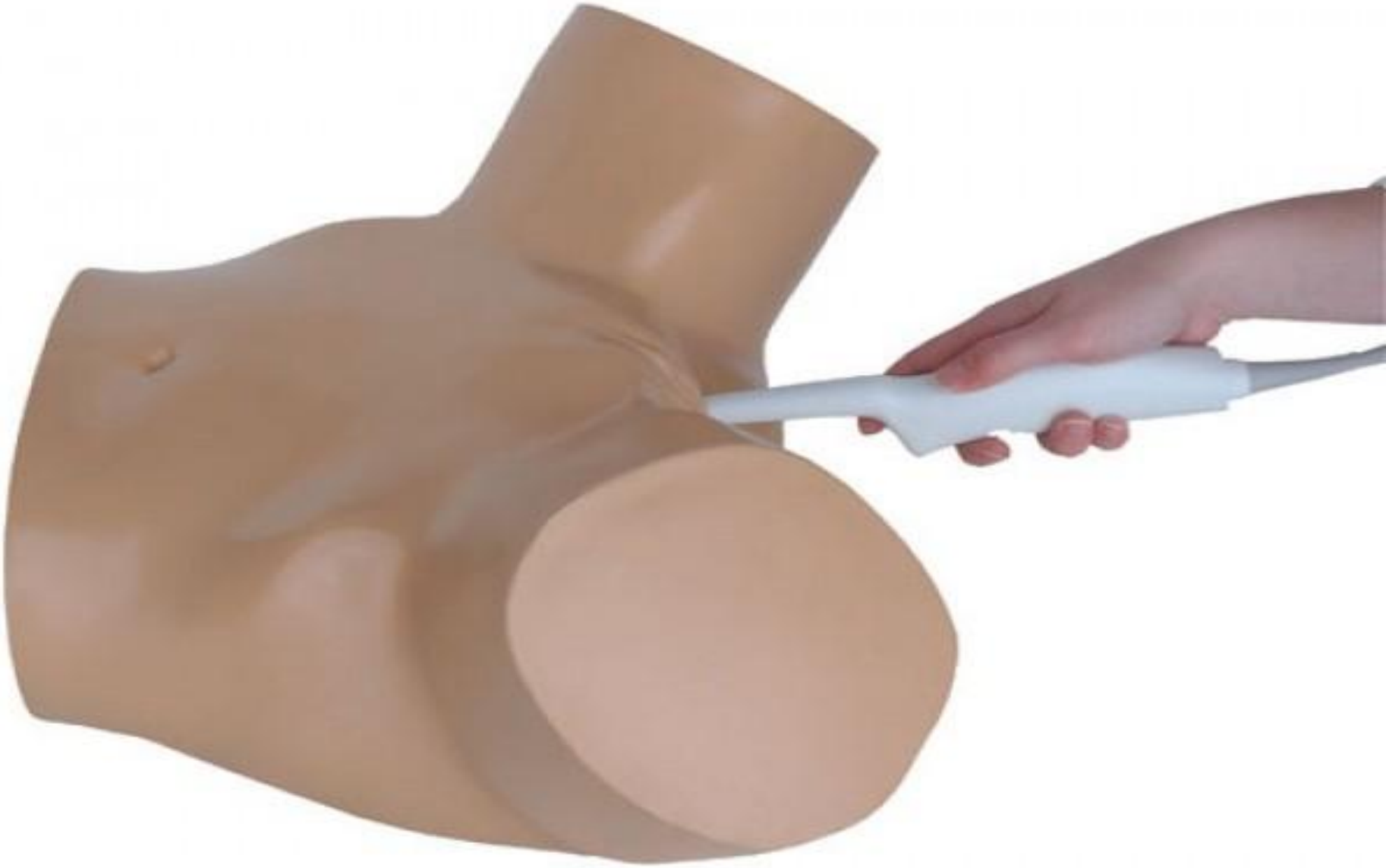
- Feel that they do not have control over what is done to their bodies
- Cannot calm themselves when anxious or fearful
- Experience difficulty communicating their fears and needs
- Are sensitive to situations that remind them of their traumas or abuse
- Avoid medical care and procedures

Havig, 2008 In Trauma Violence & Abuse; Weitlauf et al., 2008 In Obstet & Gynecol; Weitlauf et al., 2010 In J Women's Health

OBSTETRIC CARE IS A TRAUMATIC STIMULUS FOR ABUSE SURVIVORS



Routine exams can provoke anxiety, fear, vulnerability, and lack of control. Even the most sensitive physician performing the most routine exam can trigger feelings of fear and shame.



Invasive procedures are an overt stimulus that parallels sexual trauma.

WHAT WOULD TRAUMA-SENSITIVE OBSTETRIC CARE LOOK LIKE?

Speculum Exam with a Trauma Survivor

STANDARD OBSTETRIC CARE

A senior obstetric resident comes into the exam room with a first-year resident and a medical student to perform a speculum exam and a transvaginal ultrasound on a patient who is 20 weeks pregnant. The first-year resident is performing the exams, with guidance from the senior resident. The patient's boyfriend is sitting in the corner, trying to stay out of the way of the two residents and the student who are circled around the exam table. The senior resident is rushed, focused on teaching, and speaks only to the first year resident and medical student to provide feedback on the exams. No one acknowledges the patient's history of PTSD from her medical chart. During the speculum exam, the patient winces and says, ***"That hurts!"*** The resident replies, ***"Okay, I'm almost finished. If you can relax it won't hurt as much. I need you to scoot back down to the edge of the table."*** The patient complies. During the ultrasound the patient starts to cry and covers her face with her hands.

Speculum Exam with a Trauma Survivor

STANDARD OBSTETRIC CARE

The first-year resident says, ***"Does it hurt still? What's wrong?"*** The patient keeps her face covered and mumbles, ***"It's fine."*** The resident replies, ***"I know. It sucks being a woman sometimes."*** The residents and student discuss the procedure, pointing out findings along the way. After the procedure, the first-year resident says, ***"If that hurt, it should go away soon. It's only a minor procedure so there should be no long-term effects to worry about. Do you want me to print out the picture of the ultrasound for you?"*** The resident leaves the room thinking she may need more practice before being able to perform exams without causing so much discomfort for the patient.

Speculum Exam with a Trauma Survivor

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TRAUMA-SENSITIVE CARE

A senior obstetric resident enters the exam room with a first-year resident and a medical student. The first-year resident introduces herself as the physician who will be performing the exams, asks permission for the medical student to be present, and waits for a reply. She says, ***"I understand you have some difficulties with anxiety related to stressful experiences you have had. How are you coping right now?"*** The patient says she is doing fine. The resident replies, ***"Okay. Let me know if there is anything you'd like to discuss. I know these exams are uncomfortable because they are pretty invasive. Are there any techniques that I can help you with to feel more comfortable?"*** When the patient shrugs, **"I'm fine,"** the resident replies, ***"It is really important for me to know that you are comfortable. How about you just stop me anytime you feel discomfort? You can say 'Stop' or 'Hold on please'"*** During the speculum exam, the patient winces and recoils and the resident says, ***"I am stopping what I am doing now. Why don't we take a few deep breaths and I will not begin again until I know you are ready."***

Speculum Exam with a Trauma Survivor

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TRAUMA-SENSITIVE CARE

The patient indicates she is ready and the resident proceeds, encouraging her to take slow, deep breaths, and speaking directly to her before directing any comments to the others. The senior resident says, ***"Is it okay if I give some feedback to our medical student for her training?"*** The patient nods and the residents and student talk briefly. Before beginning the transvaginal ultrasound, the first-year resident says, ***"Let's practice some more deep breaths and each time you exhale, let go of any tension in your legs and hips. During the exam, I'll ask you to keep taking breaths and releasing tension."*** The patient says, ***"I'm fine, I just hate that speculum."*** The resident says, ***"I know. It can be really painful when it pinches. My goal is for you to feel as comfortable as possible, even if the ultrasound doesn't hurt. This helps you to calm any tension you feel and it's good for you and the baby. How does that sound?"*** The resident completes the ultrasound and asks the patient how she feels, reassuring her.

TO-CARE IS A MULTILEVEL COGNITIVE-BEHAVIORAL INTERVENTION

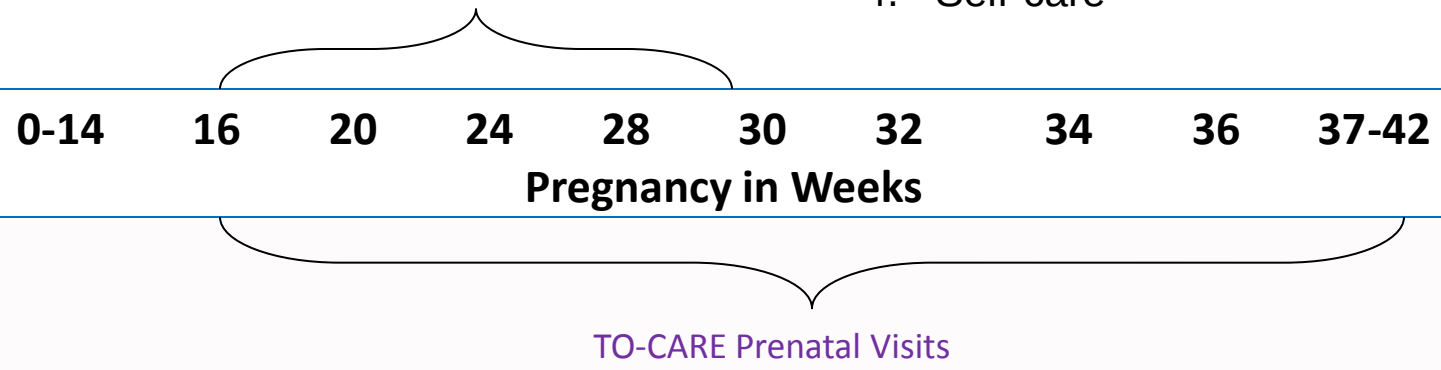
- Cognitive Processing Therapy (CPT)
  - Theory: Distress is perpetuated by faulty beliefs related to self-blame, safety, trust, and power/control
  - Intervention GOAL: Enhance sense of control, safety, and trust through encounters with obstetric providers
- Stress Inoculation Training (SIT)
  - Theory: Distress is perpetuated by behavioral avoidance
  - Intervention GOAL: Eliminate avoidant coping through rehearsal and *in vivo practice* of adaptive coping skills during obstetric encounters

Resick & Schnicke, 1993 Sage Publications; Meichenbaum, 1996 In *Clin Psychol*

TO-CARE CONSISTS OF TWO LEVELS

TO CARE Level 1 –Coping Skills Training for Patients:

1. PTSD education
2. Relaxation training
3. Empowered communication
4. Self-care



TO CARE Level 2 – Trauma-sensitive Care:

1. Physicians acknowledge distress
2. Discuss patients' coping and how skill practice is progressing
3. DIRECTLY reinforce coping skills during exams and procedures
4. Modify medical environment to facilitate coping

EXAMPLES FROM TRAUMA-SENSITIVE OBSTETRIC CARE PHYSICIAN'S MANUAL

Trauma-Sensitive Behaviors:
1. Elicit, identify, and acknowledge patients' trauma history and current distress
2. Explain full purpose of medical encounter
3. Close doors, curtains, reduce # people for privacy
4. Elicit patients' concerns about the medical encounter
5. Speak directly to patient, using eye contact when possible
6. Minimize distractions and conversations not pertinent to patient
7. Elicit patients' preferred method of coping to make invasive exams more comfortable and guide "practice"
8. Explain each step of exam or procedure before it occurs
9. Elicit verbal permission from patient to proceed BEFORE continuing with invasive parts of an exam or procedure
10. Directly verbally reinforce patients' preferred coping method during exam or procedure
11. Provide verbal feedback and reassurance regarding coping
12. Reassess or debrief by discussing patients' comfort level following exams or procedures

OPEN PILOT STUDY

TRAUMA-SENSITIVE OBSTETRIC CARE TARGETS RISK FACTORS FOR ADVERSE PREGNANCY OUTCOMES

- Reduce PTSD, pregnancy-related anxiety, and depression
- Increase patient-physician partnership
- Increase self-efficacy and sense of empowerment
- Increase self-care and engagement in prenatal care

STUDY AIMS

- Aim 1: To examine preliminary efficacy
  - PTSD symptoms
  - Depression symptoms
- Aim 2: To examine preliminary feasibility
  - Obstetric physicians' performance of trauma-sensitive care

RECRUITMENT AND ELIGIBILITY

- OB/GYN residents' training clinic
- Inclusion Criteria:
  - ≥18 years old
  - <30 weeks gestation
  - English-speaking
  - History of sexual or physical abuse or violence
  - At least 3 symptoms of PTSD
- Exclusion Criteria:
  - Current SI/HI
  - History of psychosis, mania, or psychiatric hospitalizations
  - Pregnancy complications requiring intensive medical treatment

PILOT STUDY MEASURES

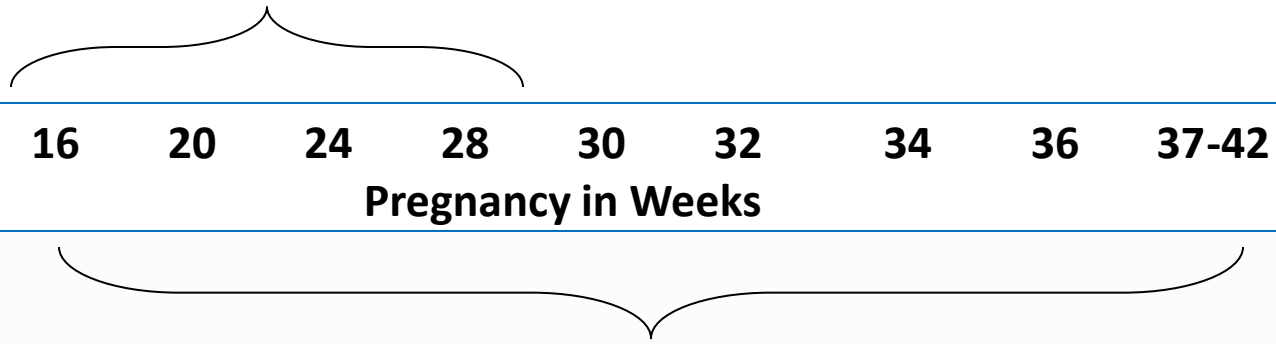
- PTSD Symptom Checklist – Civilian Version (PCL-C)
- Patient Health Questionnaire (PHQ-9)
- Pregnancy-Related Anxiety Questionnaire (PRAQ)
- Acceptance and Action Questionnaire (AAQ): Assesses degree of acceptance or avoidance of emotional distress
- Pregnancy Self-Efficacy Questionnaire (PSEQ): Assesses confidence and ability to engage in self-care and assertive communication

Bond et al., 2011 In Beh Ther; Kroenke et al., 2001 In J Gen Int Med; Rini et al., 1999 In Health Psych; Weathers et al., 1994

INTERVENTION PROCEDURE

CBT Coping Skills Topics by Session:

Session 1: Restructuring self-blame and relaxation skills
Session 2: Assertive communication skills
Session 3: Establishing safety through self-care
Session 4: Coping with triggers in pregnancy
Session 5: Preparing for triggers in childbirth
Session 6: Preparing for triggers in early postpartum

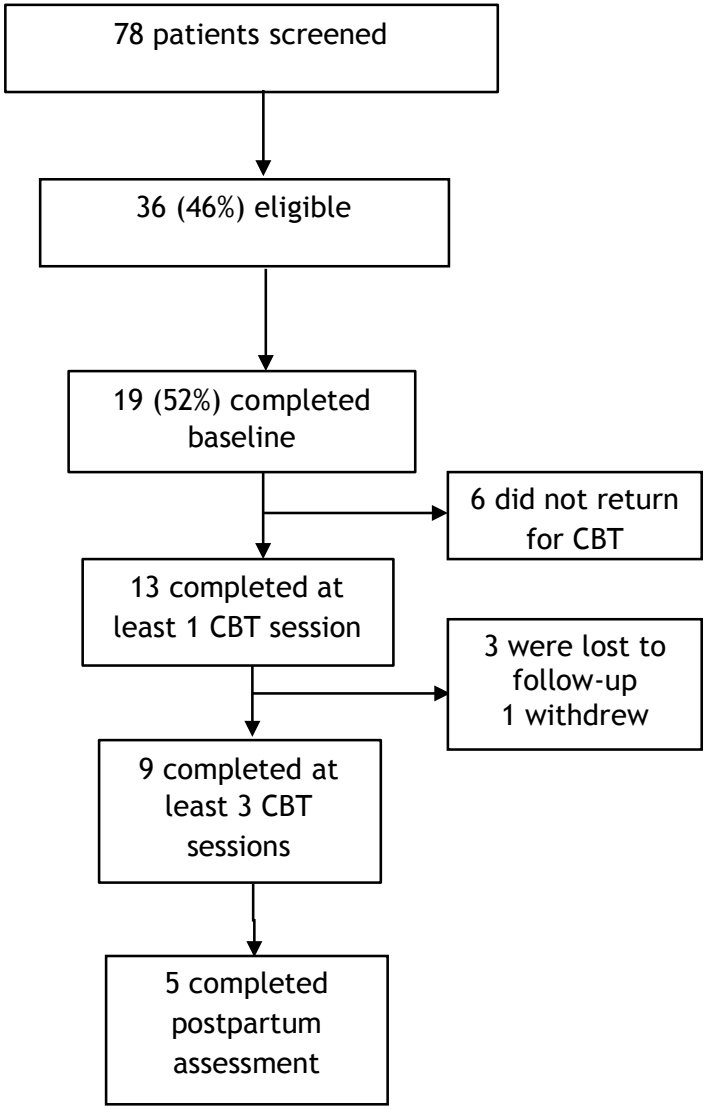


Trauma-sensitive Care – Physician Behaviors at Prenatal Visits:

1. Acknowledge anxiety and reinforce coping skills
2. Reinforce assertive communication, assess and respond to patient readiness during procedures
3. Explain procedures and elicit concerns
4. Maximize patient control in the medical environment (e.g., privacy, focus conversations on patient only)

PRELIMINARY OUTCOME DATA

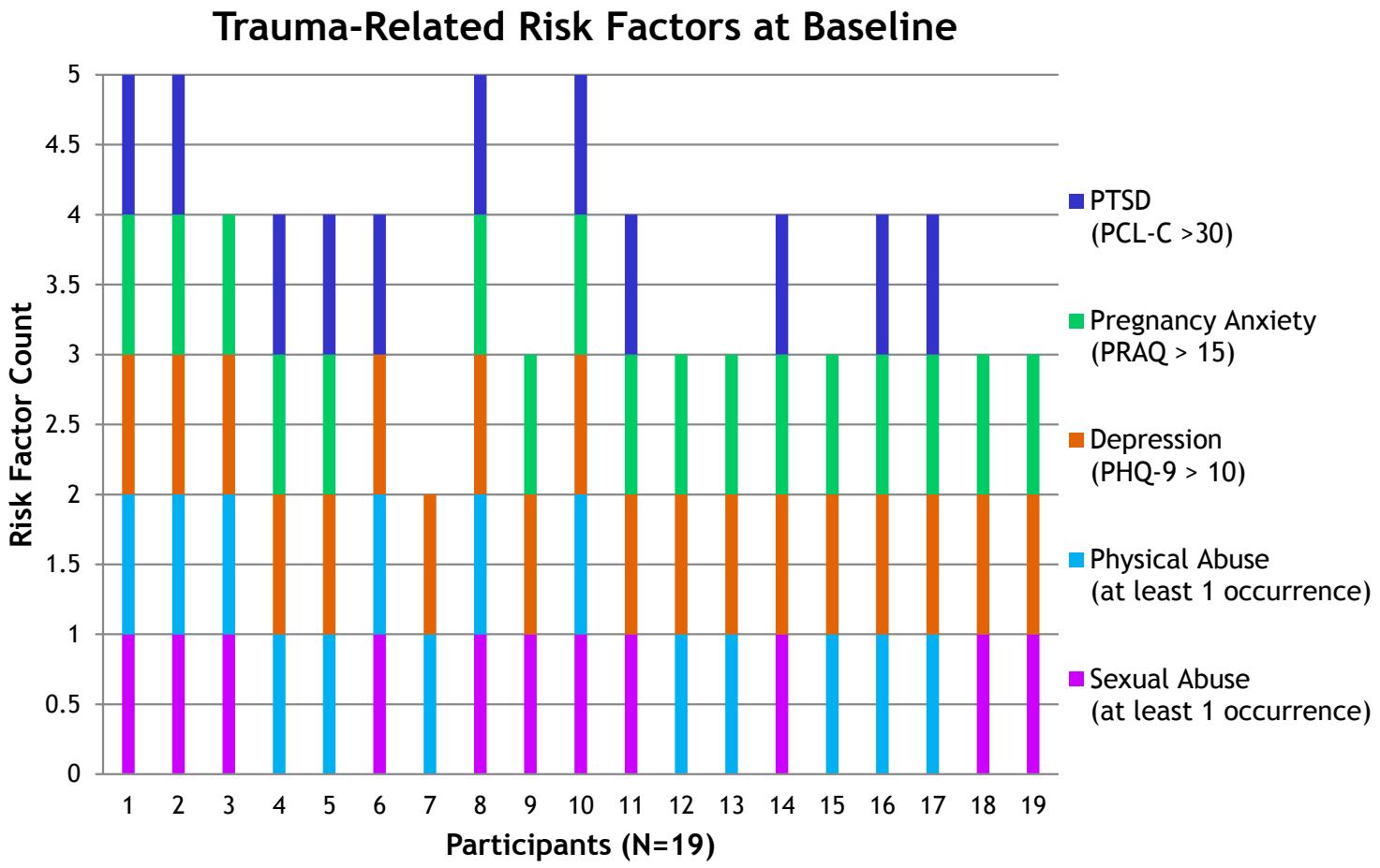
PARTICIPANT FLOW



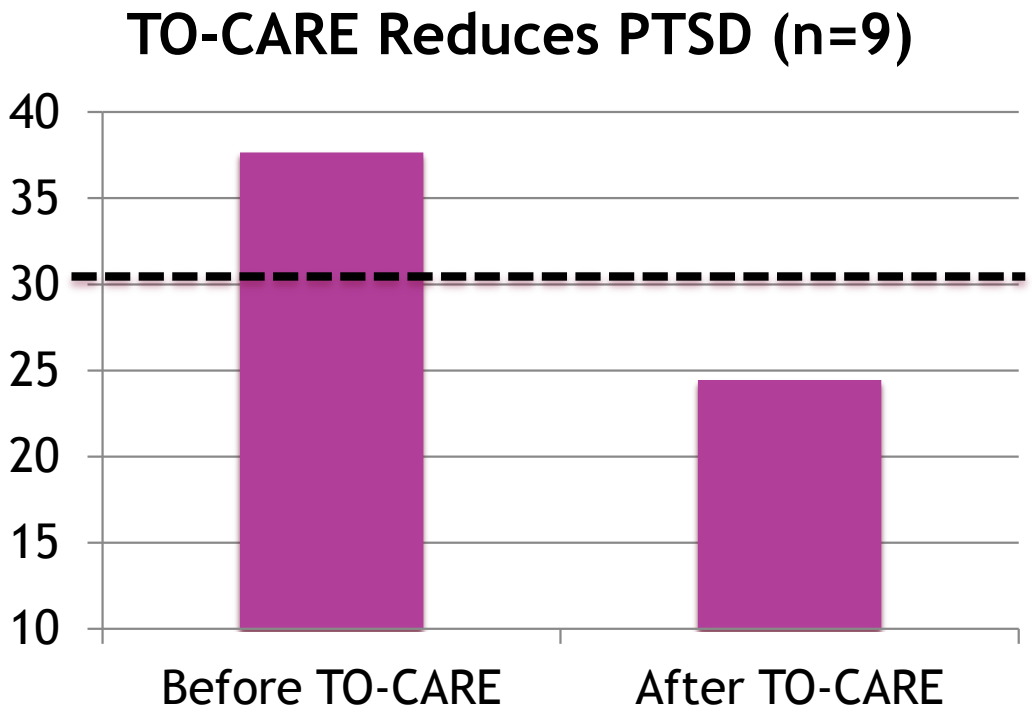
Participant Demographics at Baseline (N=19)

- Age ranged from 18-40 (M=28.94, SD=6.04)
- 52.6% African American
- 31.6% Hispanic
- 15.8% White
- 36.9% employed full-time or part-time
- 52.6% no income
- 57.9% married or in committed relationship

PARTICIPANTS REPORTED PROBLEMS WITH ABUSE, PTSD, ANXIETY, AND DEPRESSION

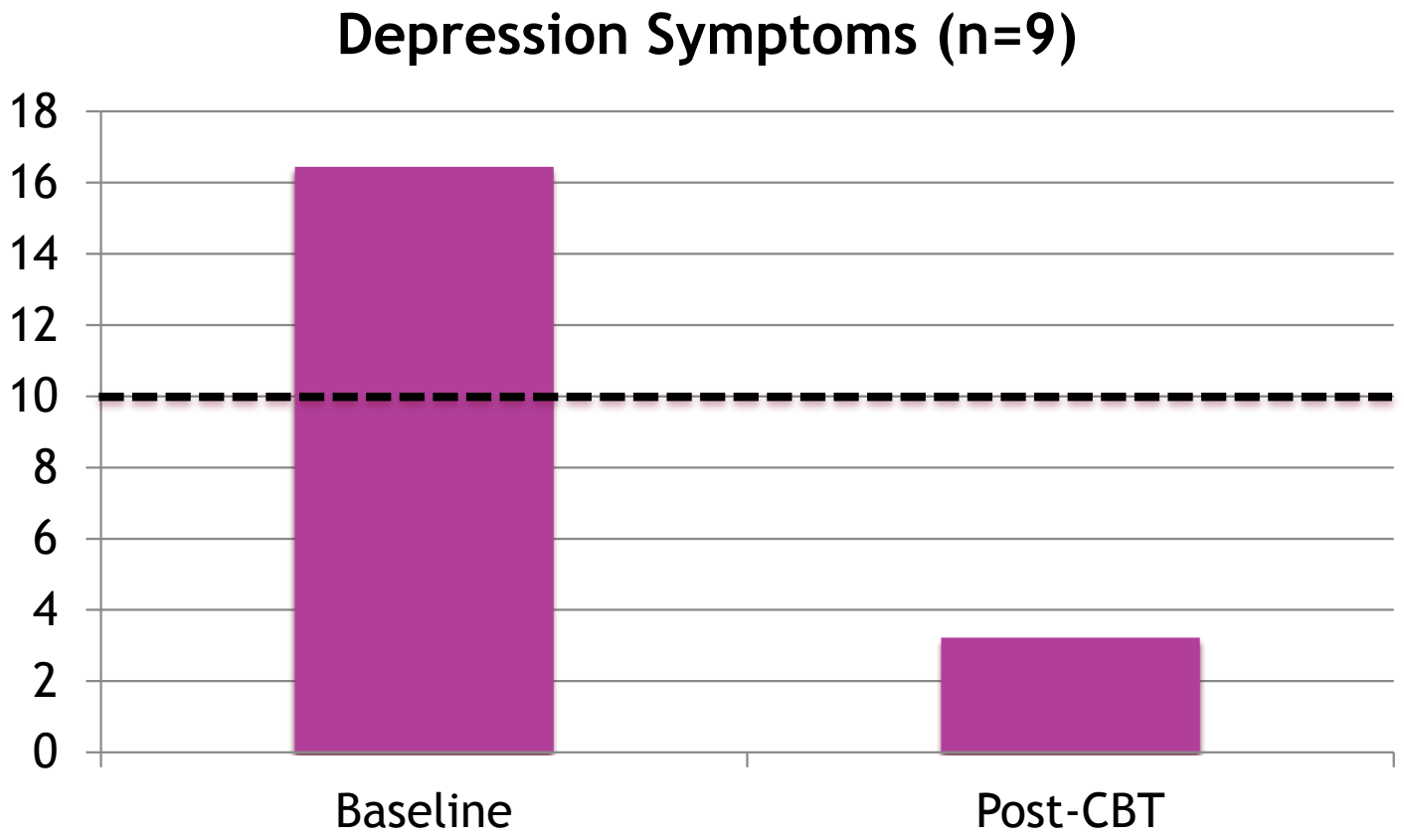


AIM 1: PRELIMINARY EFFICACY (PTSD)



$t(8) = 2.751$, $p<.05$, $d=1.07$

AIM 1: PRELIMINARY EFFICACY (DEPRESSION)



$t(8) = 7.341$, $p<.01$, $d=3.62$

AIM 2: PRELIMINARY FEASIBILITY

- *Participants (N=9) received 47% of prenatal visits with trained obstetric residents*
- Physician Training
  - 1) Read the TO-CARE manual
  - 2) Discuss and role-play skills
  - 3) Real-time evaluation of patient encounters
  - 4) Feedback
- Results of performance assessments were compiled from six OB/GYN encounters

PHYSICIAN TRAINING PERFORMANCE RATINGS FROM 6 PATIENT ENCOUNTERS

Behavior: 0=absent; 1=present	Pelvic Exam	Postpartum Exam	Pelvic Exam	Pelvic Exam	Pelvic Exam	Transvaginal Ultrasound
1. Acknowledge Trauma/Distress	1	0	0	0	0	1
2. Purpose of Encounter	1	1	1	1	1	1
3. Ensures Privacy	1	1	1	1	1	1
4. Elicits Concerns	1	0	0	1	1	0
5. Communicates Directly	1	1	1	1	1	0
6. Minimizes Distraction	1	1	1	1	1	1
7. Elicits Coping Method	0	0	0	0	0	0
8. Provides Step-by-Step Guidance	1	0	0	0	1	1
9. Asks Permission Before Proceeding	1	0	0	0	0	0
10. Provides Coping Reinforcement	0	0	0	1	1	0
11. Provides Feedback	1	0	0	1	1	0
12. Debriefing	0	0	0	0	1	1
TOTAL %	**75%**	**33%**	**33%**	**58%**	**75%**	**50%**

CONCLUSIONS

- TO-CARE shows promising results for reducing psychological distress
- Need strategies to improve retention
- Address obstetric clinic barriers to maximize access to trained physicians
- Improve obstetric physician training and competency

QUESTIONS