

Healing Birth Trauma

PSI Conference 2019
Krysta Dancy LMFT
Lorissa Eichenberger LMFT

Outline

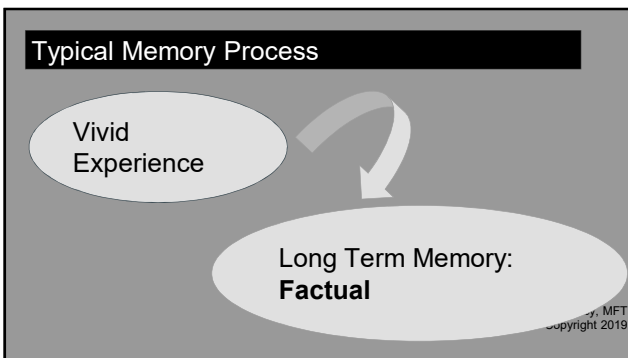
- I. What is Birth Trauma? (Krysta)
 - A. PMAD co-morbidity
 - B. Statistics of prevalence
 - C. Defining features
- II. Healing- Debrief (Krysta)
 - A. Useful application for birth workers
- III. Healing- A Group Model (Lorissa)
 - A. Systems Model Overview
 - B. Curriculum Development
 - C. Special considerations for partner
 - D. Creative Expressions of Birth

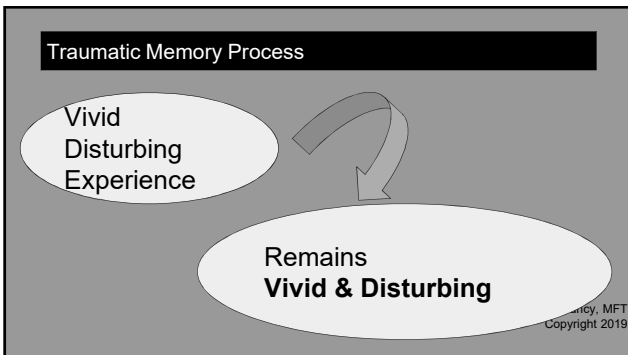
Krysta Dancy- MFT, CBD (CBI)



- Licensed Therapist LMFT CA #48506
CounselingInRoseville.com
- Co-Director and Clinical Supervisor
ThePlaceWithinCounseling.com
- Founder and Director
TheBirthandTraumaSupportCenter.org
- Certified Birth Doula (CBI)
- Evidence Based Birth® Instructor
- Provider Educator
ThePsychologyOfBirth.com

I. What Is Birth Trauma?





What Is Trauma?

“Trauma is specifically an event that overwhelms the central nervous system, altering the way we process and recall memories. Trauma is not the story of something that happened back then.

It’s the current imprint of that pain, horror, and fear living inside people.”

- Bessel Van Der Kolk, MD

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PTSD vs. Trauma

PTSD

6-8 % ¹

Trauma

26-33 % ²

1.(Alcorn et al., 2010)

2.(Creedy et al., 2000) (Maggioni et al.,2006) (Polachek et al., 2012)

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Postpartum Effects of traumatic birth

Complicated physical healing

- Stitches
- Abscess (breast)
- Infection
- Pain
- Slow healing process

(Ayers 2015)

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Long Term Effects to the dyad

(No long-term studies specific to birth trauma)

Other Trauma (ACES) correlates to

- Failure to thrive
- Postpartum medical complications
- Postpartum mood disorders
- Mother-infant bond disruption
- Relationship damage

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Trauma Symptoms Presentation after Birth

1. Intrusion*

2. Avoidance → Can look like Depression

3. Neg. Cognition

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Birth Trauma Symptoms Presentation

4. Arousal → Can look like Anxiety

- A nervous system response

5. Dissociation → Can look like Depression

- A specification

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Birth Trauma Symptoms- PMAD Co-morbidity

“Traumatic birth event”

+

Postpartum Depression

50% PTSD

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(Alcorn et al. 2010)

Birth Trauma Symptoms- PMAD Co-morbidity

“Traumatic birth event”

+

Postpartum Anxiety

30% PTSD

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(Alcorn et al. 2010)

Referrals (briefly)

Trauma responds to a different modality than mood disorders

- EMDR*
- Brainspotting
- Somatic Re-experiencing
- Narrative Therapy
- Support Groups

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Birth Trauma Healing

Model 1: Debrief

Debrief- a foundational framework

Attachment Therapies

- Seen, Safe, Soothed (Dr Daniel Siegel, MD)

Narrative Therapies

- The story= the meaning

You Are So Important

Narratives of women with birth trauma featured the interactions with staff as starring roles.

Both positive and negative

(Maggioni et al., 2007; Ayers et. al, 2015)

Debrief- Research

(Di Blasio et. al, 2015)

176 Women 72 hours after birth

→ Write about the events and behaviors

→ Write about the deep emotions & thoughts

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12/2018

Debrief- Research

Outcomes of “making sense” task:

- a predictive effect at 96 hr and a moderating effect at 3 months on depression
- a moderating effect at 3 months for PTSD

(Di Blasio et al., 2015)

Debrief

If 20 minutes of writing can mitigate postpartum depression and PTSD,

think what 20 minutes of talking to an empathetic listener can do

Debrief- Research

(Gamble et al, 2005)

- 103 women with trauma symptoms

→ Control

→ Midwife counseling at 72hrs, 4-6 weeks

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Debrief- Research

Outcome of intervention at 3 months

- Decreased Trauma Symptoms
- Lowered risk depression
- Lowered risk of stress
- Lowered feelings of self blame
- Higher confidence for future pregnancies
- 3 met PTSD criteria (compared to 9)

Debrief

Your empathetic listening (especially in the early days) makes a big statistical difference even months later.

Debrief Guide

Debrief must be:

- Empathetic
- Non-evaluative
- Reflection

Debrief Tools

1. Mirroring
 - a. Posture
 - b. Tone
 - c. Words
 - d. Pace

Debrief Tools

2. Parallel Process

Verbalizing (without evaluation) what you witness in them while they share

Debrief Tools

3. Parallel Process Observation

Verbalizing (without evaluation) what you feel in your body and emotion while they share

Debrief

4. (After the story) reflect on their strengths*

- True
- Specific

Debrief- for birth attendants

- There may come a time where you are asked to clarify. **Only do with permission**

Grounding

5 Senses are always here and now

Breath

Biateral

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Healing: A Process Group Model

A Space to Heal:

A Curriculum Based Birth Trauma Group

Lorissa Eichenberger, MA, LMFT, PMH-C
The Center for Postpartum Family Health



Trauma and Consent



Lorissa Eichenberger, LMFT, PMH-C



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The CPFH Clinical Team

- Licensed MHPs
- PMAD Trainings
- Community Speakers
- Three Greater Houston Locations
- Teletherapy Statewide

THE CENTER FOR POSTPARTUM FAMILY HEALTH
cpfh
 The Center for Postpartum Family Health services include individual and family counseling, psychotherapy, screening and assessment for perinatal challenges such as:

Diagnosis & Treatment of:
 *Postpartum Depression
 *Postpartum Anxiety and OCD
 CPFH Clinicians also specialize in providing therapy for the following:

- *Identity
- *Pregnancy loss
- *Pregnancy depression & anxiety
- *Birth Trauma
- *Family/Couple Adjustment to Children
- *Couples or Marriage Counseling
- *Adoption
- *Abuse
- *Parent and in-law issues
- *Blended families

**Refer to medical treatment when necessary*



From Left: Maurien Caron, Aneeka Pruitt, Kim Jones, Lorissa Eichenberger, Angela Hill, Mori Tang
 Front Center: Sherry Duxon, Clinical Director

- CPFH strives to provide new parents with the information and support they need to thrive during this important life transition.
- All sessions are by appointment, and available on a sliding-scale basis. For more information or to schedule an appointment, call 713.561.3884 or visit cpfh.org

Family Systems Theory

Basic Breakdown of Bowen's Theory of Systems (Brown, 2014)

1. Emotional Fusion and Differentiation of Self
2. Triangles
3. Nuclear Family Emotional System
 - a. Couple Conflict
 - b. Symptoms in a Spouse
 - c. Symptoms in a Child
4. Family Projection Process
5. Emotional Cutoff
6. Multi-generational Transmission Process
 - a. Genograms

Family Systems and PMADs

Family systems are majorly impacted by perinatal mood & anxiety disorders

- Partner systems
- Parental systems
- Intergenerational systems

Systems training models and perspectives align with better outcomes for mothers and families in treatment of PMADs

Current Research

"Trauma is in the eye of the beholder."

Dr. Cheryl Beck – pioneer in research behind treatment of PP-PTSD and Birth Trauma

TABS (Trauma and Birth Stress Research Project)

<http://tabs.org.nz/index.htm>

Benefits of Group Therapy

- New mothers are often isolated from social interactions
- When in social gatherings, mothers with PMAD symptoms often avoid talking about negative feelings
- Myths & Stigmas about childbirth experiences
 - "All that matters is a healthy baby"
 - "Healthy baby = Happy mom"
 - "My birth wasn't as traumatic as others"
- Group therapy provides a safe and accepting space for mothers to process their birth experiences without shame or judgment

Group Considerations

- Size
 - Less than 5 members (ideally 3-4)
- Duration
 - Session length (90mins)
- Weekly meetings
 - 8-10 sessions
- Prior or concurrent member individual therapy is helpful

Importance of Pre-Screening Members

Questions

- Weeks/months postpartum?
- Postpartum anomalies?
- Catastrophic perinatal loss?
- Physical recovery?
- Mental health history?
- Family support?
- EPDS assessment score?
- Reasons for considering group therapy?

"Goodness of Fit" for the group

Curriculum Development

- Combination of my own personal/professional experiences
 - <https://lorissaichenbergerlmft.wordpress.com/2018/09/20/its-about-time-surviving-postpartum-ptsd-and-ocd-part-i/>
- Resources
- Pioneers in the birth trauma field
 - Cheryl Beck, Lynn Madsen, Maureen Campion, and Kim Thomas
- Structure of Space
- Schedule of Sessions
- Reading Selections

Group Therapy Goals for Treatment



Informed Consent and Confidentiality

Group Details

- This group is designed to provide a safe space to promote healing after a traumatic birth experience. Sessions will focus on developing coping skills to reduce stress and anxiety surrounding birth trauma. Activities may include birth art, sharing birth stories, and group conversational processing time.
- Center for Postpartum Family Health
- 3418 Mercer, Houston, TX, 77027
- Fridays @ 6:00pm-7:30pm
- November 9th- first session
- www.cpfh.org
- Facilitated by
 - Lorissa Eichenberger, MA, LMFT

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Schedule of Sessions Breakdown

This slide is only viewable during the live breakout session

Suggested Readings
(excerpts will be provided)

- Traumatic Birth**
 - Cheryl Beck, Jeanne Driscoll, and Sue Watson
 - 2013, ISBN 9780415678100
 - Routledge, New York
- Heal Your Birth Story**
 - Maureen Campion, MS, LP
 - 2015, ISBN 9781511910354
 - Self-Published, California
- Rebounding From Childbirth**
 - Lynn Madson
 - 1994, ISBN 0897893484
 - Bergh & Garvey, Connecticut
- Birth Trauma**
 - Kim Thomas
 - 2013, ISBN 9780956702470
 - Neil James Publishers, Great Britain

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Incorporating Partners

- Encouraging and developing a dialogue
- Importance of mother's process prior to partner session
- Timing of partner support session in schedule
- Therapeutic Joining
- Normalizing and validating for both partners
- My non-MHP partner attends

Birth Stories and Narratives

- Preventing re-traumatization of members
 - Process vs Content
 - Avoids getting stuck in the details
- Identifying and Using Walls
- Narrative Interventions
- Feeling-Process Journals
- In-session dialogue with supportive readings

The Art of Birth

- Creative Expressions
 - Prompts
 - Free-Flow
 - Variety of materials + Creativity = Expression



Member Testimonials

Testimonial 1

Member: **Michelle**, May 10, 2018 4:02 PM
 Co-Founder: **Stephanie**, May 10, 2018 10:20 AM
 Title: **Member**
 # Address: **71.25.11.11**

Page 1: Group Process Follow-up Questions

- Q1: What motivated you to join the prenatal group?
 - A1: I wanted to be able to share my feelings about pregnancy and birth with other women who were going through the same thing. I also wanted to be able to ask questions and get answers from someone who had been through it.
- Q2: How do you feel about the group?
 - A2: I feel supported and understood. It's a great place to ask questions and get answers. I also like that we have a mix of people who are pregnant and people who have already had their babies.
- Q3: What do you think you've learned from the group?
 - A3: I've learned a lot about pregnancy and birth. I've also learned that I'm not alone in my feelings and experiences. It's really comforting to know that other women are going through the same thing.
- Q4: How do you feel about the group's process?
 - A4: I like the way the group is run. It's a good mix of sharing and listening. I also like that we have a mix of people who are pregnant and people who have already had their babies.
- Q5: How do you feel about the group's members?
 - A5: I like the group's members. They're all really nice and supportive. I've also learned a lot from them.

Testimonial 2

Member: **Michelle**, May 10, 2018 4:02 PM
 Co-Founder: **Stephanie**, May 10, 2018 10:20 AM
 Title: **Member**
 # Address: **71.25.11.11**

Page 2: Group Process Follow-up Questions

- Q1: What motivated you to join the prenatal group?
 - A1: I wanted to be able to share my feelings about pregnancy and birth with other women who were going through the same thing. I also wanted to be able to ask questions and get answers from someone who had been through it.
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 - A5: I like the group's members. They're all really nice and supportive. I've also learned a lot from them.

Testimonials (cont'd)

Testimonial 3

Member: **Michelle**, May 10, 2018 4:02 PM
 Co-Founder: **Stephanie**, May 10, 2018 10:20 AM
 Title: **Member**
 # Address: **71.25.11.11**

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Testimonial 4

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 Co-Founder: **Stephanie**, May 10, 2018 10:20 AM
 Title: **Member**
 # Address: **71.25.11.11**

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Outcomes and Follow-up

- Follow-Up Sessions
- Every 3-4 months post-group until group members request to end follow-ups
- 90 min session
- Process of healing
- Reconnection amongst members

A Space to Heal
Evaluating Outcomes from a Curriculum Based Birth Trauma Group
The National Childbirth Trust, London, UK

Outcomes Data

Materials

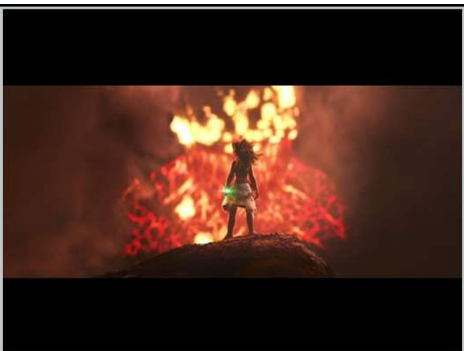
Call to Action

References

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THE CENTRE FOR
PARENTAL FAMILIAL HEALTH

They have stolen
the heart from
inside you...
But this does not
define you.

Moana



Closing

- Group Curriculum Publishing in process
 - Stay tuned!
- Sources for Training
 - Postpartum Support International (PSI)
 - www.postpartum.net
- Online and in-person training opportunities
- Certificate in Perinatal Mental Health (PMH-C)
- Provider directory
- Q&A Time!

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Contact CPFH

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#findyourspace #tellyourstory #healyourself #cpfh
