

Name: Kate White

Organization: Center for Prenatal and Perinatal Programs

Abstract title: Transforming the Trauma Tree from the Ground up Using Birth Psychology: A New Model of Care Starting Preconception to Helps Families Thrive

Background: Current models of care include an explanation of the Trauma Tree, or how the roots of many health issues lie in trauma experienced in childhood and prenatally. Current trends in healthcare include resilience and a “trauma-informed care” model. This poster will present competencies that practitioners can practice with families starting preconception.

Objectives:

- Describe resilience and trauma-informed care models.
- Identify nine positive principles in prenatal and perinatal psychology and somatic health as a model of trauma informed care.
- Employ increased skills for professionals that start with preconception for families.
- Include on the health care provider as part of the healing environment.

Study Design/Methods: This poster is not a study; it is a presentation of a new model of care that includes the baby's experience. We now know that the mother's experience influences the baby, and can set a template for health lifelong. In this model, we present how many health issues lie in trauma experienced in life as a tree, and that the roots represent experiences during the prenatal period, birth and attachment. Recent scientific explorations produced a groundswell of support for practices that start preconception, including transgenerational and intergenerational trauma, epigenetics, especially the role of stress in pregnancy, the impact of the mother's experience on the prenatate, birthing practices and separations of babies and mothers.

The most explicit models of care that address early childhood trauma include the Adverse Childhood Experiences and Resilience. There are now models of care that examine adverse experiences of children as part of pediatric medicine. Birth psychology has practices that support the mother-baby dyad during pregnancy and family systems with similar models of care that are on the leading edge of health care practices. This missing piece of the puzzle has the following competencies: preparation using nine distinct approaches; repair of difficulty in the parents' lives and any previous births; support for parents to develop coherent narratives and heal their own overwhelming experiences; promotion of prenatal bonding and connection practices; and provision of support for the mother, partner, and the professional team that supports the family.

Results: This poster will show this model and expected outcomes if resources are directed to support professionals who work with families.



Conclusions: This poster will present the trauma tree as professionals know it today, and then an alternative tree that transforms trauma from the ground up using specific practices that practitioners and administrators can employ. Many approaches today approach difficulty from the outside-in, examining issues within families and early childhood. This model of care offers experiences practitioners can cultivate with families starting from the inside-out, as well as diagnostic tools, practices and competencies that will transform the way professionals examine and support families to that they thrive from the very start.