



The Mother-Baby Program: Shifting from Perinatal Mental Health to Two-Generation Trauma-Healing

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Mother-Baby Program

Agenda

1. Where we started – the Mother-Baby Program (mission/values)
2. Evolution of Clinical Focus – from perinatal mental health to two-generation, trauma healing
3. Reimagining healing

“Depression is the number one complication of childbirth”

(Wisner, NEJM 2001)

- Perinatal Depression: 10% in general population
25% in high risk groups
- Perinatal Anxiety: 7-10%
- Gestational Diabetes: 5% pregnancies

Mother-Baby Program

Mission in 2013

*To save and improve lives
by strengthening the
emotional health and
parenting capacity of
mothers and families*

Mission in 2017

*To embrace and strengthen young
children, parents, and families
through a safe, holistic, trauma-
healing community grounded in
social justice and lived experience*

Clinical Excellence

*

Teamwork

*

Innovation

Mother-Baby Program

Growing to meet the needs of families

Mother-Baby HopeLine: mental health triage and resource line 612 873 HOPE

Parenting support for parents

Family Support Team

MB staff based in HCMC OB

Outpatient Programs

Weekly group, individual and family therapy

Perinatal Outpatient Program (POP)

2 hrs/day, 3 days/wk for 10 wks

33 graduates since 2015

Mother-Baby Day Hospital (MBDH)

5 hrs/day, 4 days/wk for 4 weeks

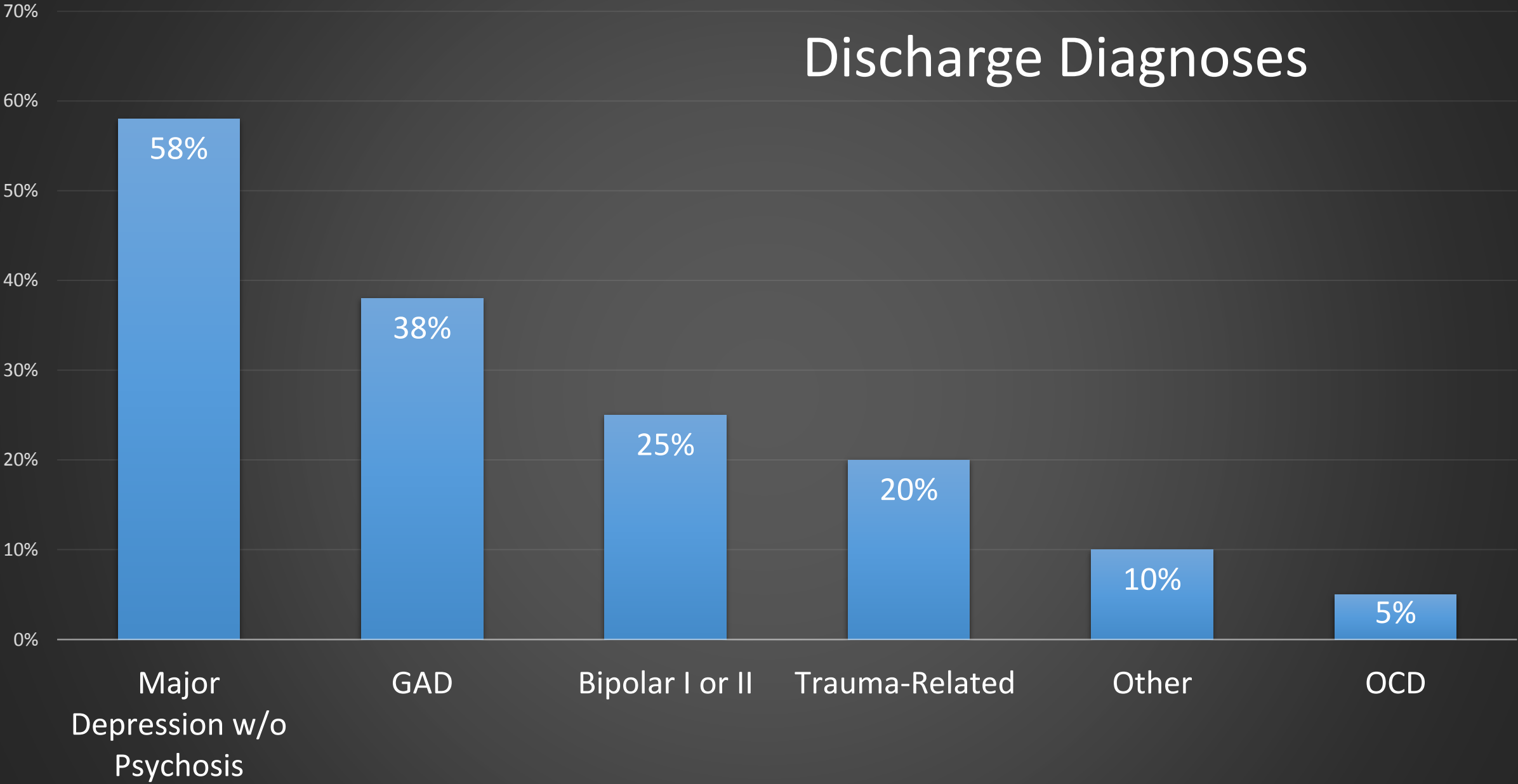
382 graduates since 2013

**PSYCH
ADMIT**

Day Hospital Graduates (n=362)

Reproductive Status		Education Level	
Pregnant	12%	College or beyond	51%
More than one year PP	10%	Insurance Type	
0-3 months pp	38%	Public	44%
4-12 months pp	39%	Other Factors	
Marital Status		First-time mom	50%
Married/partnered	70%	Average length of stay	14 days max 27 days
		Age	30 avg min 18 max 46

Discharge Diagnoses



Adverse Childhood Experiences (ACES) Study

- Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health
- ACEs are common:
 - 63% had experienced at least one category of childhood trauma
 - Over 20% experienced 3 or more categories of trauma
- The ACE Study also showed that as the ACE score increased the number of risk factors for the leading causes of death increased.

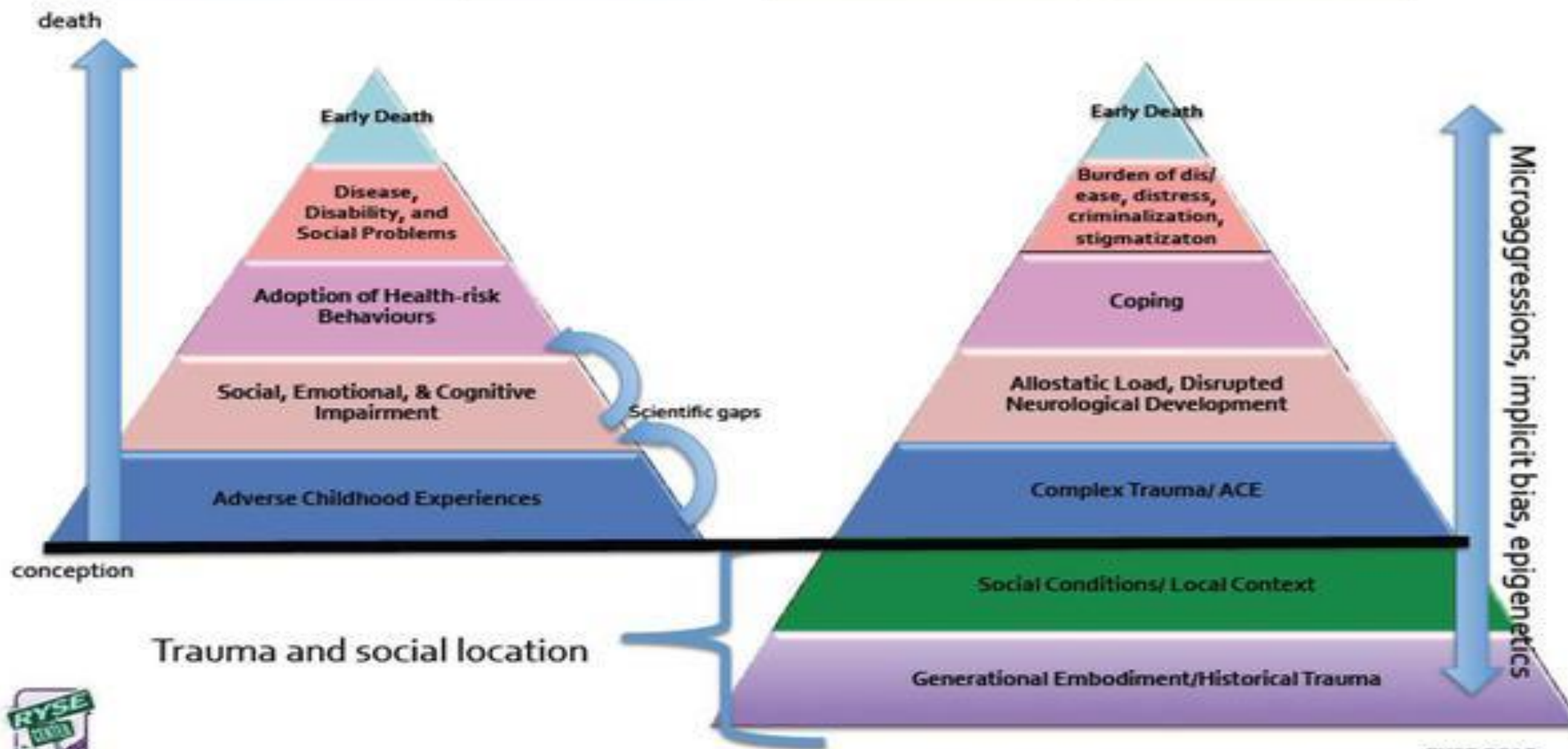
Types of Trauma

- **Complex trauma:** exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact
- **Historical:** is trauma that occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow.
- **InterGenerational:** happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.
- **System-induced trauma**

Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



Historical Trauma

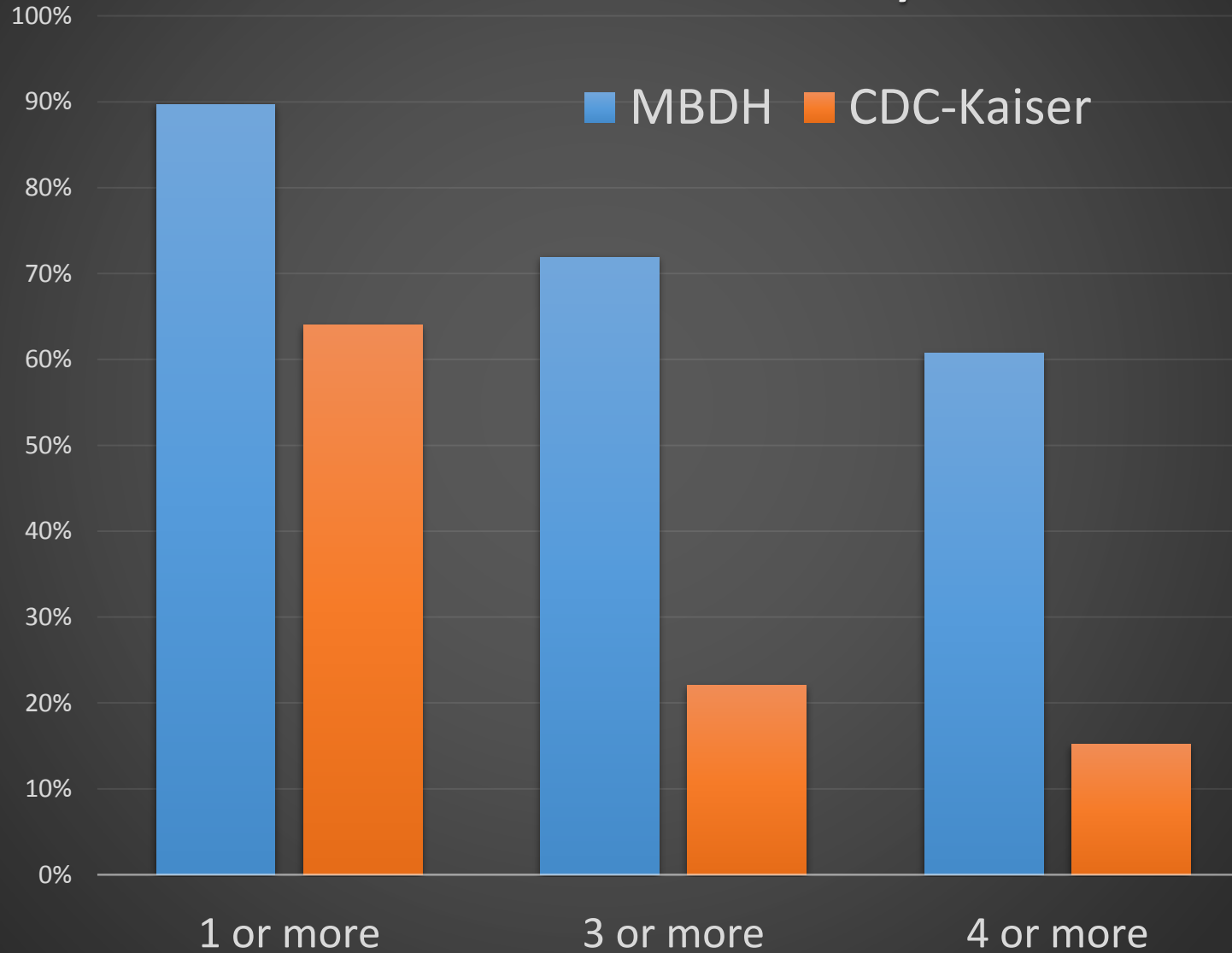
Marion Sims: Considered the “father of modern gynecology” but performed surgeries on enslaved Black women without their consent and without anesthesia.



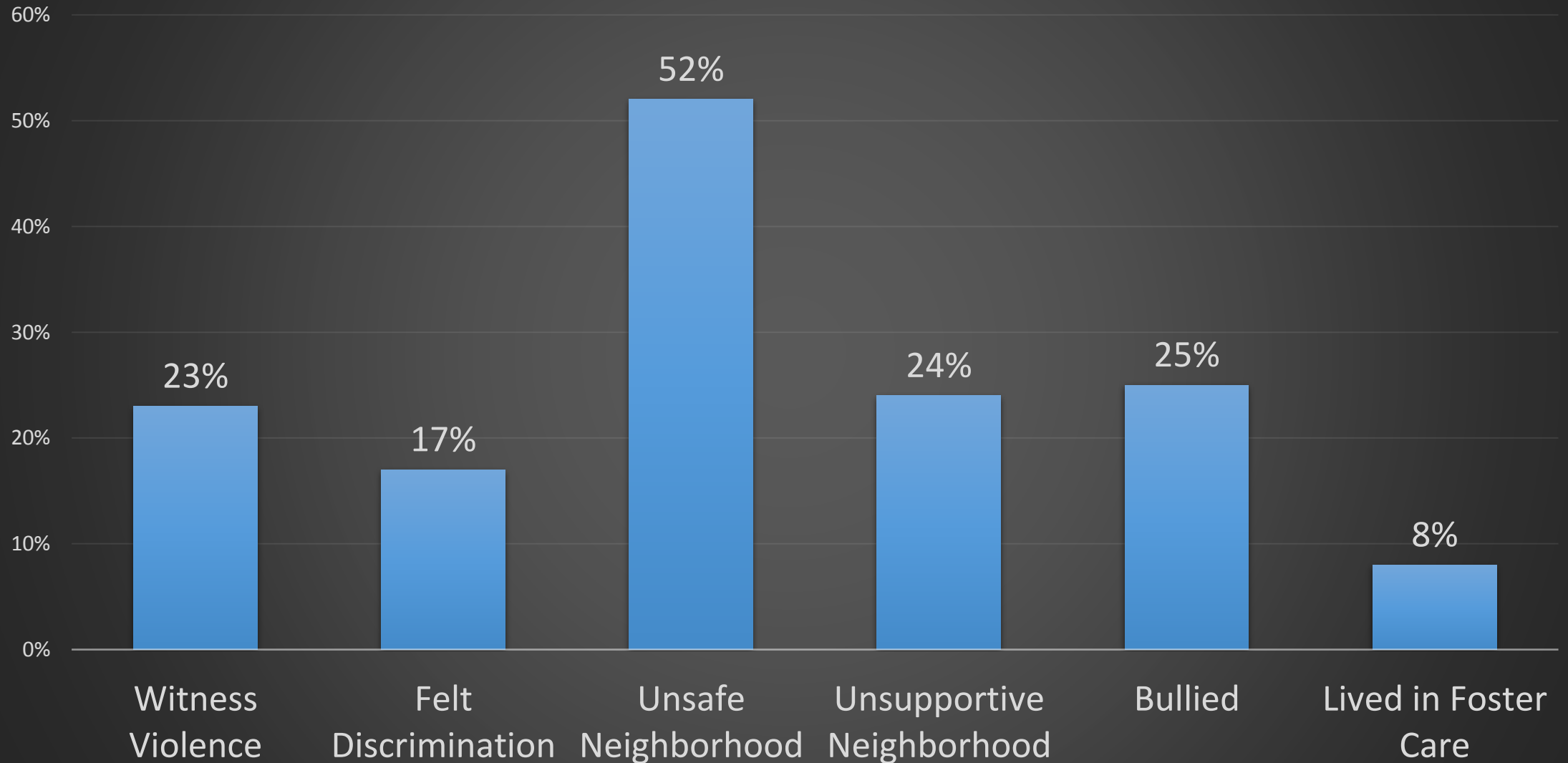
We must understand this history when we think about patient “non-compliance”



Total Prevalence of ACEs in MBDH compared to Women in CDC-Kaiser ACE Study



Prevalence of Expanded Urban ACES in MBDH (n=107)



As compared to White women, Black women were:

Sexual Abuse



6.7 times

more likely to have experienced sexual abuse.

Domestic Abuse



6.3 times

more likely to have witnessed domestic abuse.

Caregiver Incarcerated



5.1 times

more likely to have had a caregiver incarcerated.

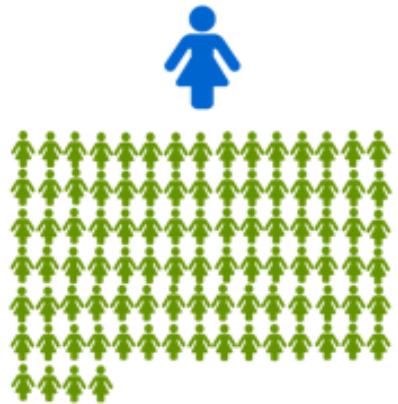
Witnessed Violence



5.4 times

more likely to have witnessed violence.

Felt Discrimination



94 times

more likely to have experienced racial discrimination.

Unsupportive Neighborhood



16.5 times

more likely to have grown up in an unsupportive neighborhood.

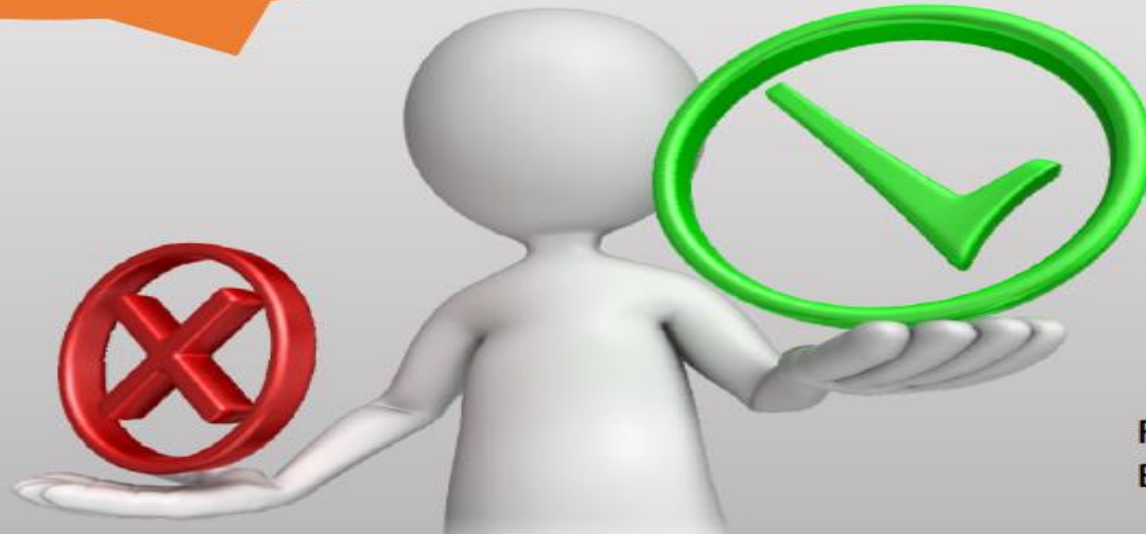
ATTITUDES ABOUT HUMAN DYSFUNCTION



CHANGING THE FUNDAMENTAL QUESTION

It's not
"What's wrong with you?"

It's
"What happened to you?"



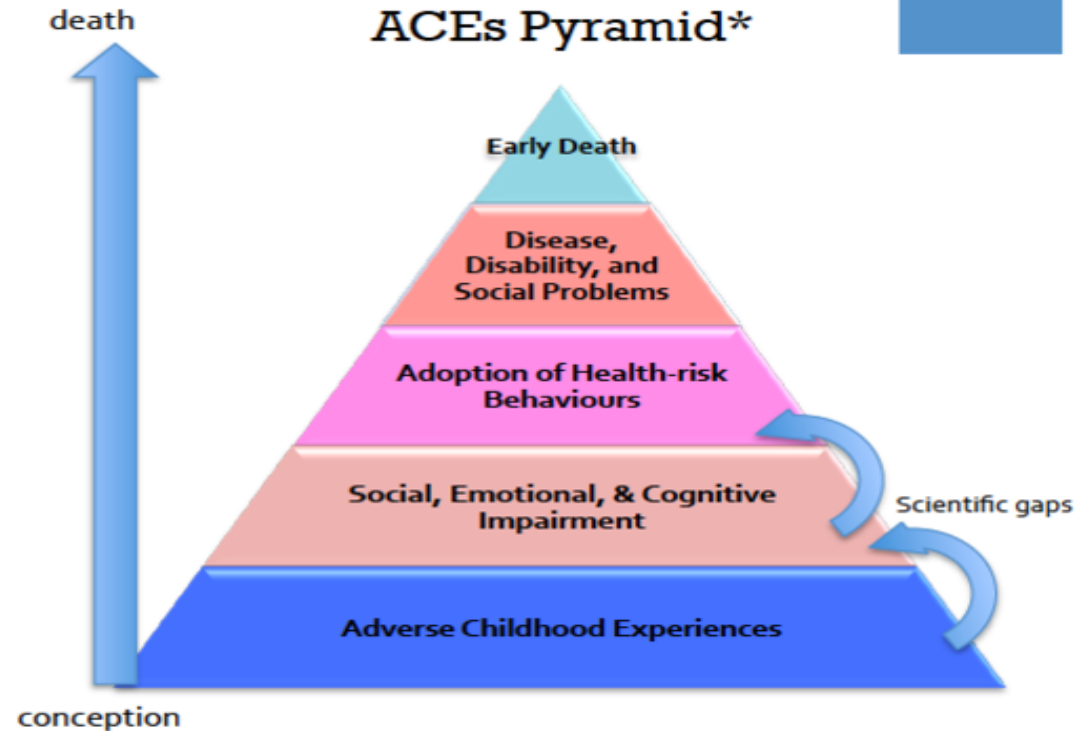
Foderaro, 1991;
Bloom, 1994



Disorder versus Distress

Disorder: A manifestation of a behavioral, psychological, or biological *dysfunction* within the individual.

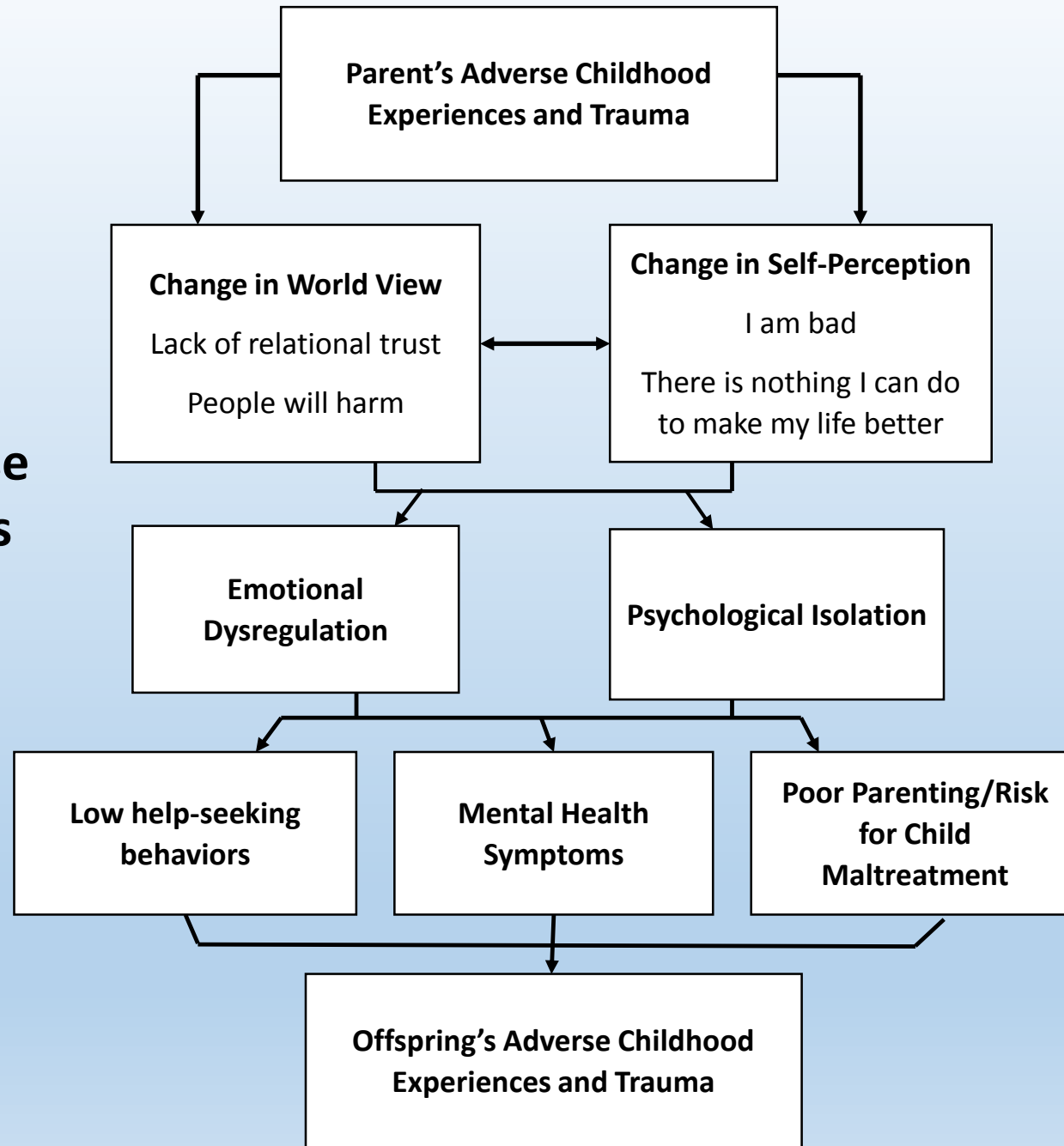
Distress: *normal* human response to overwhelming stress & sustained through continued response to stress.



How can ACEs shift the frame from disorder to distress?

*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

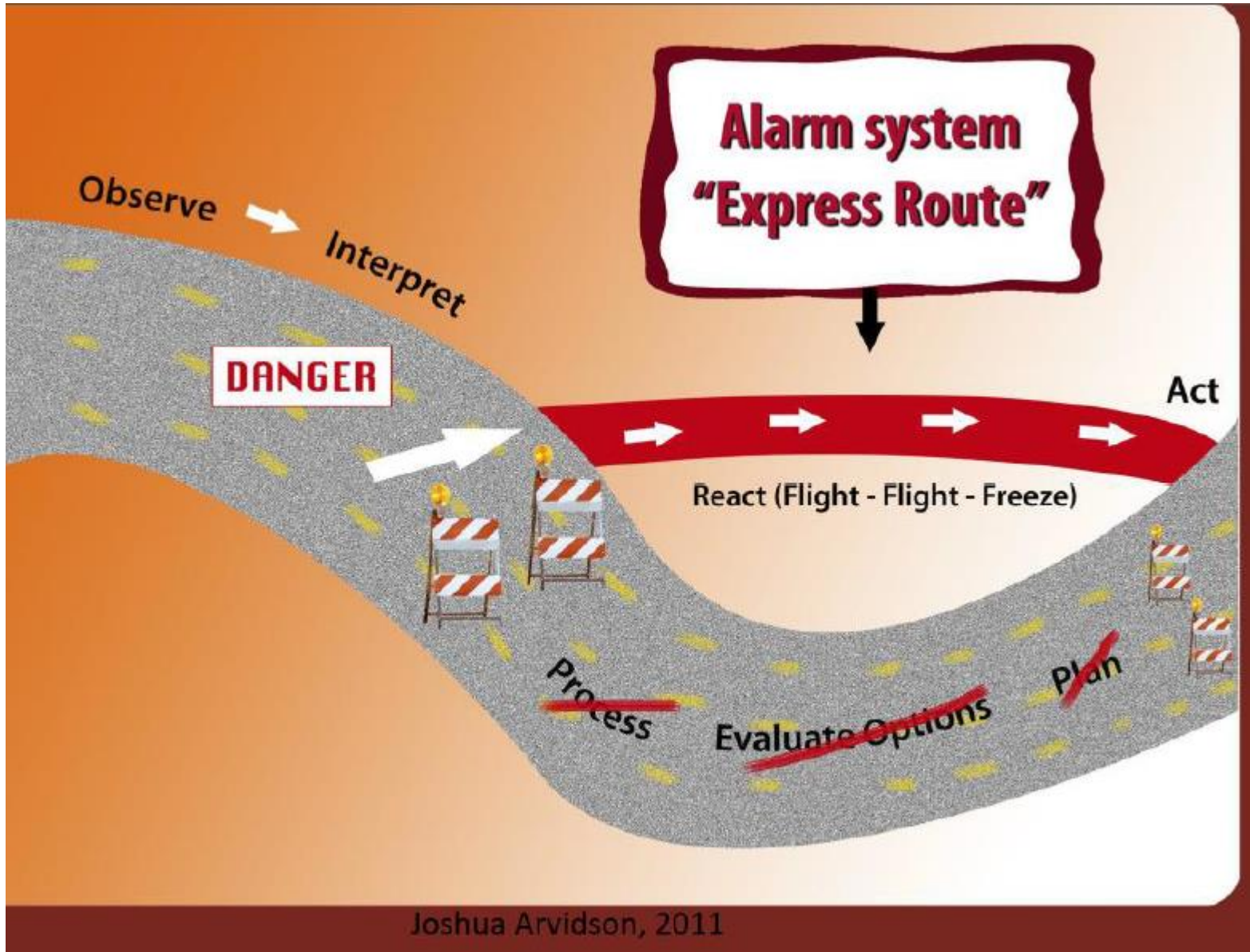
Intergenerational Transmission of Adverse Childhood Experiences



HCMC Mother-Baby Program 2017, Based on Conceptual Framework on trauma and help-seeking, Muzik 2017. Based on Edna Foa, Mardi Horowitz, John Bowlby & Liang, Goodman, Tummala-Narra, & Weintraub, 2005.

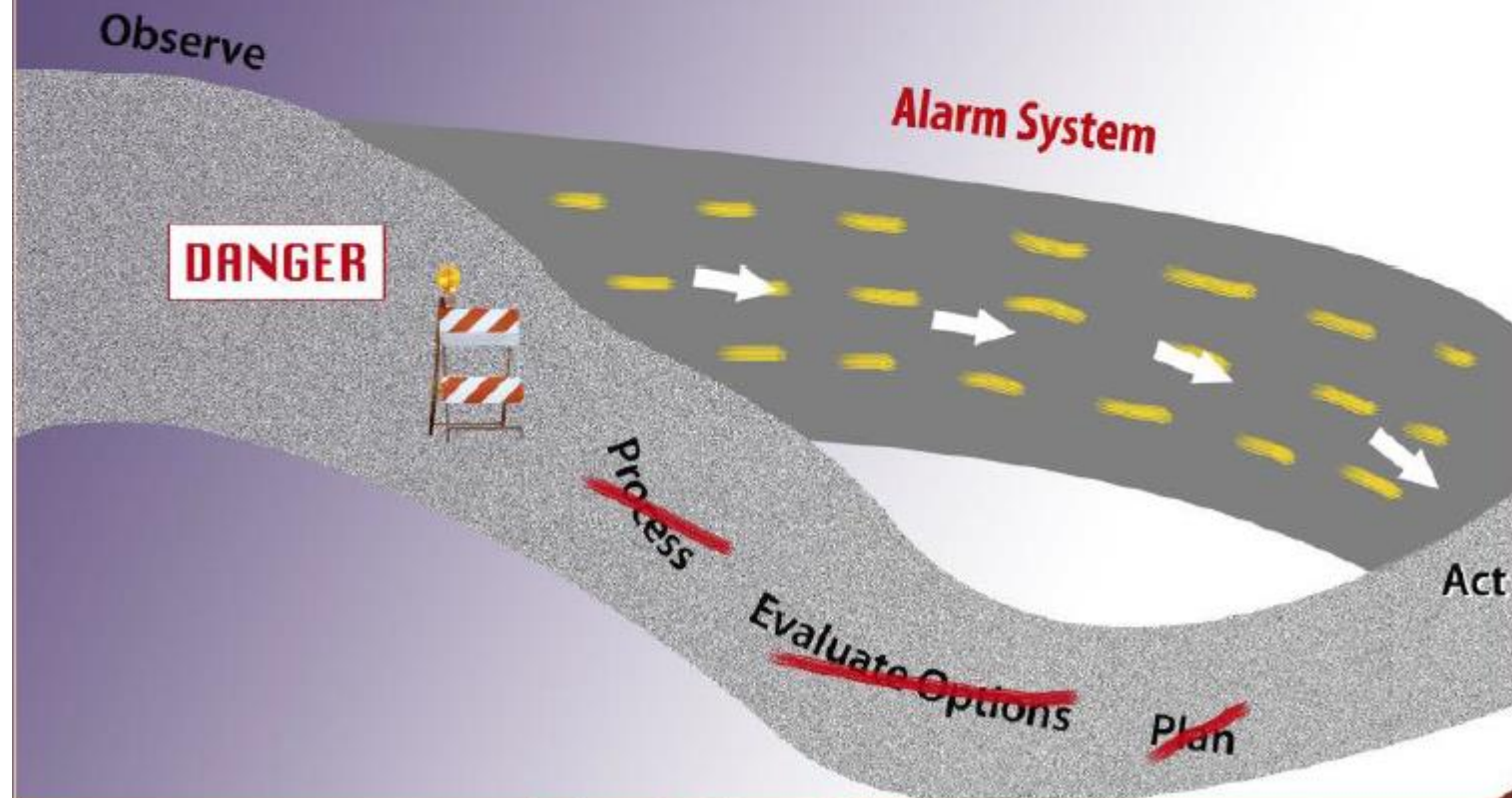
Brain process under typical conditions

Observe → Input → Interpret → Process → Evaluate Options → Plan → Act



Joshua Arvidson, 2011

With repeated stress, the Alarm System
"Express Route" becomes the main road



*“The parent, it seems, is
condemned to repeat the tragedy of
his childhood with his own baby in
terrible and exacting detail.”*

Fraiberg, 1975

Two-Generation Trauma-Healing Framework

- **Attachment**
 - Safety
 - Two-Generation intervention
 - Reflective capacity
 - Relationships
- **Regulation**
 - Trauma response
 - Integrative work (movement, nutrition, sleep, etc)
 - CBT and DBT skills
- **Competency**
 - Executive functioning (problem-solving, planning, organizing)
 - Empowerment/sense of agency
 - Identity

(Blaustein & Kinniburgh, 2010)

Psychoeducation Curriculum

Relationships

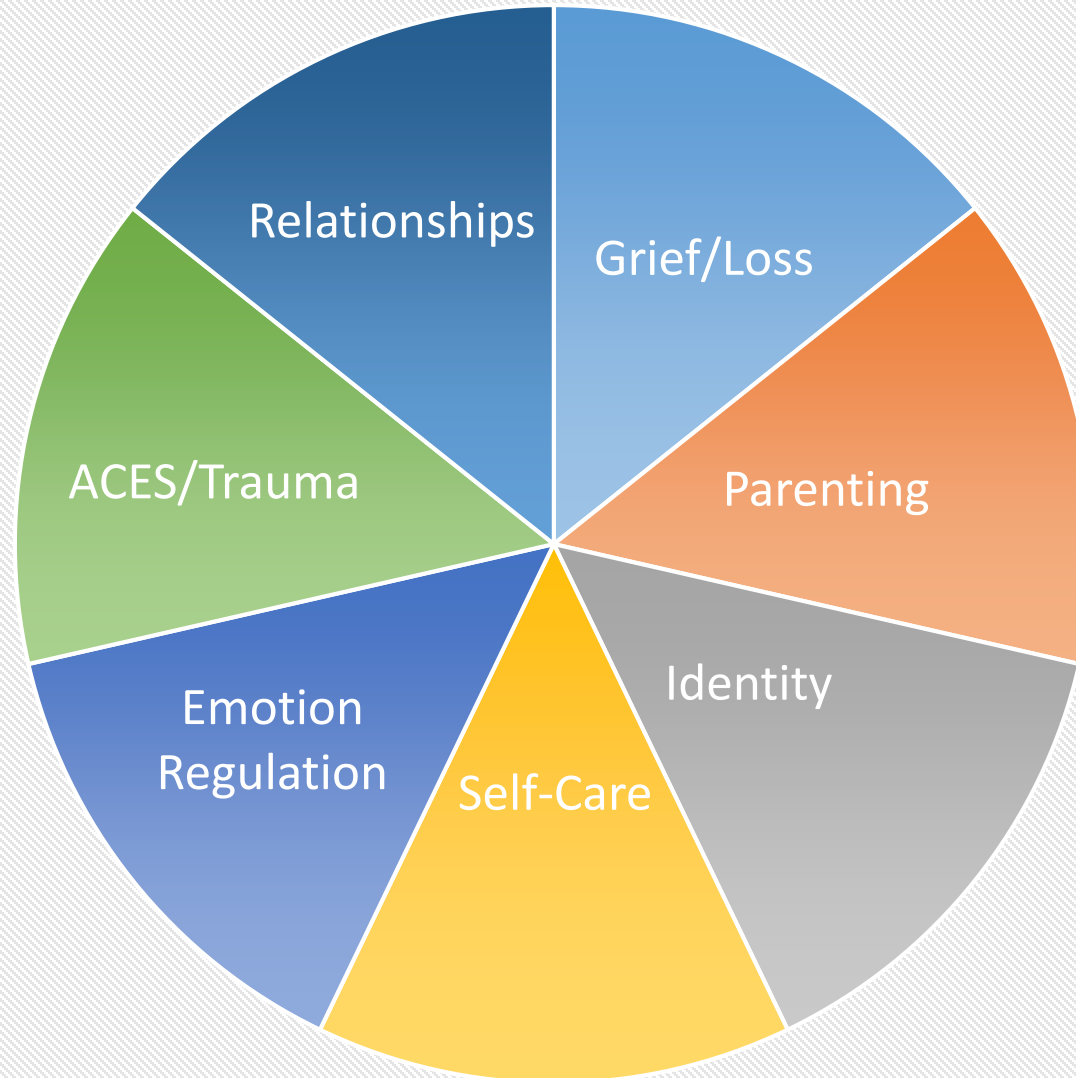
- Boundaries
- Abuse Avoidance
- Rupture/Repair
- Love Languages

ACES/Trauma

- Trauma Response
- Ghosts in the Nursery
- Grief/Loss
- Historical Trauma

Self-Care

- Self-Soothing
- Medication
- Sleep
- Nutrition



Identity

- Transition to parenting
- Sexuality/Body image
- Grief/Loss
- Shame/Guilt

Parenting

- Reflective Parenting
- Baby Check-in
- Soothing
- Infant Sleep

Emotion Regulation

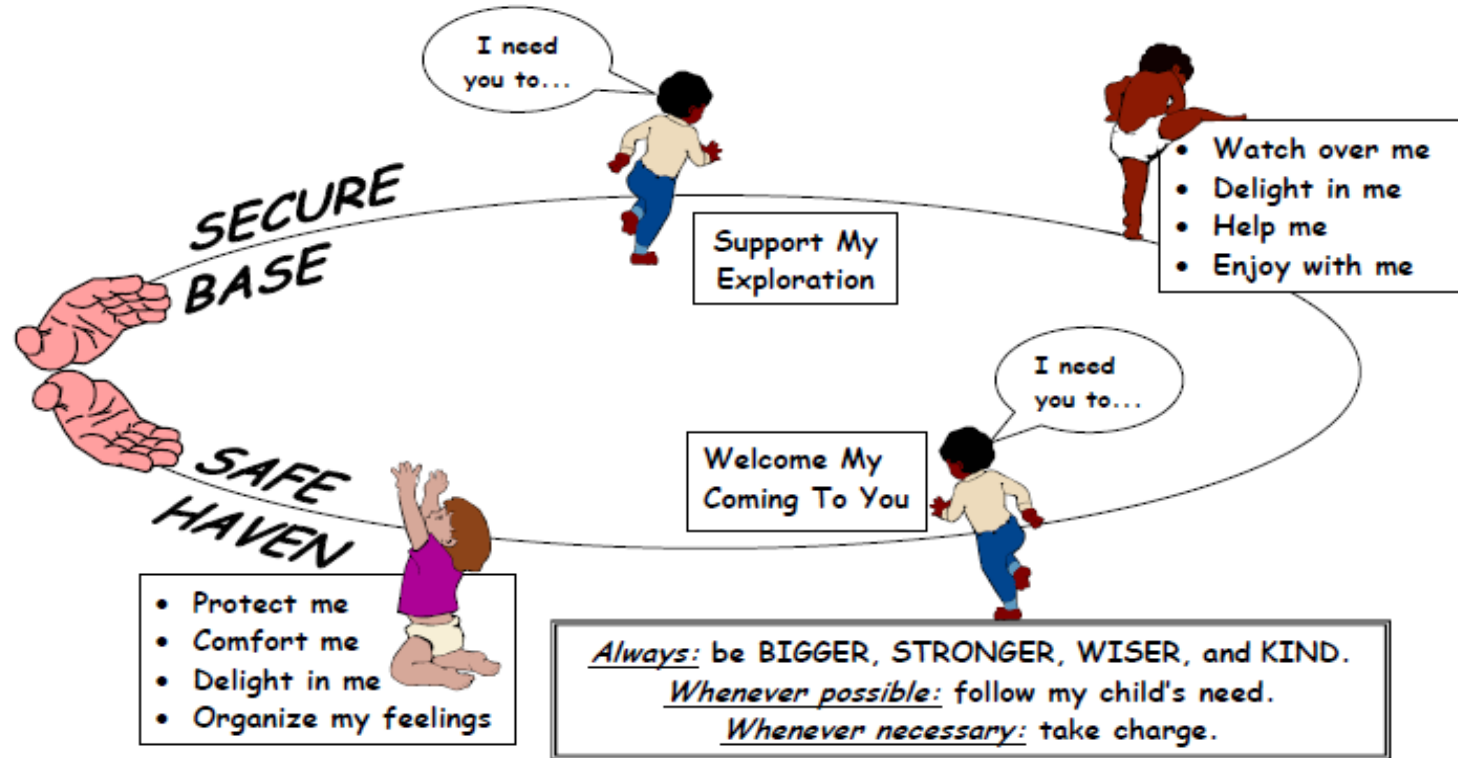
- Cognitive Distortions
- Elevation Mountain
- Chain Analysis
- Filters
- Distress Tolerance
- Weekend Planning

Safety

1. Relationship
2. Rituals and routines
 - Morning book, check-in
 - Movement for transition
 - Goodbye circle for discharging moms
3. Group Guidelines
4. Rupture and Repair
5. Basic Needs (pain, housing, food, etc)

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS

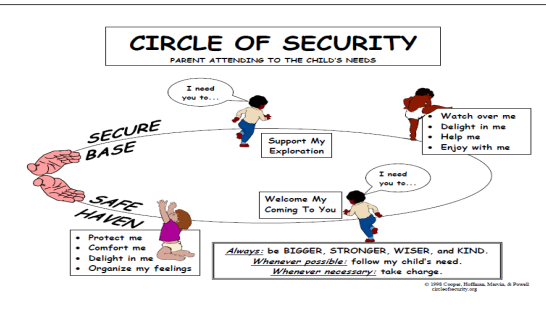


© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org

Parallel Process: Therapist Attends to the Mom *and* Baby's Needs

Two-Generation Interventions

- Circle of Security-Parenting (COS-P)



- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



- Attachment and Bio-Behavioral Catch-Up (ABC)

- Crowell and Still Face video assessments

Session 2: Providing Nurturance

Responding even when children look like they don't need us

- We already know that children who have had difficult early experiences may try to look "tough" even when they need us... they may turn away from us or may be unsoothable or may not communicate to us at all.



HOW WE SUPPORT REGULATION

1. Safety
2. Relationship (with providers, other moms, baby)
3. DBT Skills
4. CBT Skills
5. Mindfulness/Mindful Movement
6. Restoring Natural Rhythms (eg. Sleep, food)
7. Medication when necessary



Leaf approach to mental health, healthcare, and substance abuse

- ✓ Chemical dependency
- ✓ Depression
- ✓ Anxiety
- ✓ Emotion dysregulation
- ✓ Marital strain
- ✓ Parenting strain



- ✓ Insomnia
- ✓ Irritable bowel
- ✓ Endometriosis
- ✓ Joint Pain
- ✓ Fatigue
- ✓ Migraines

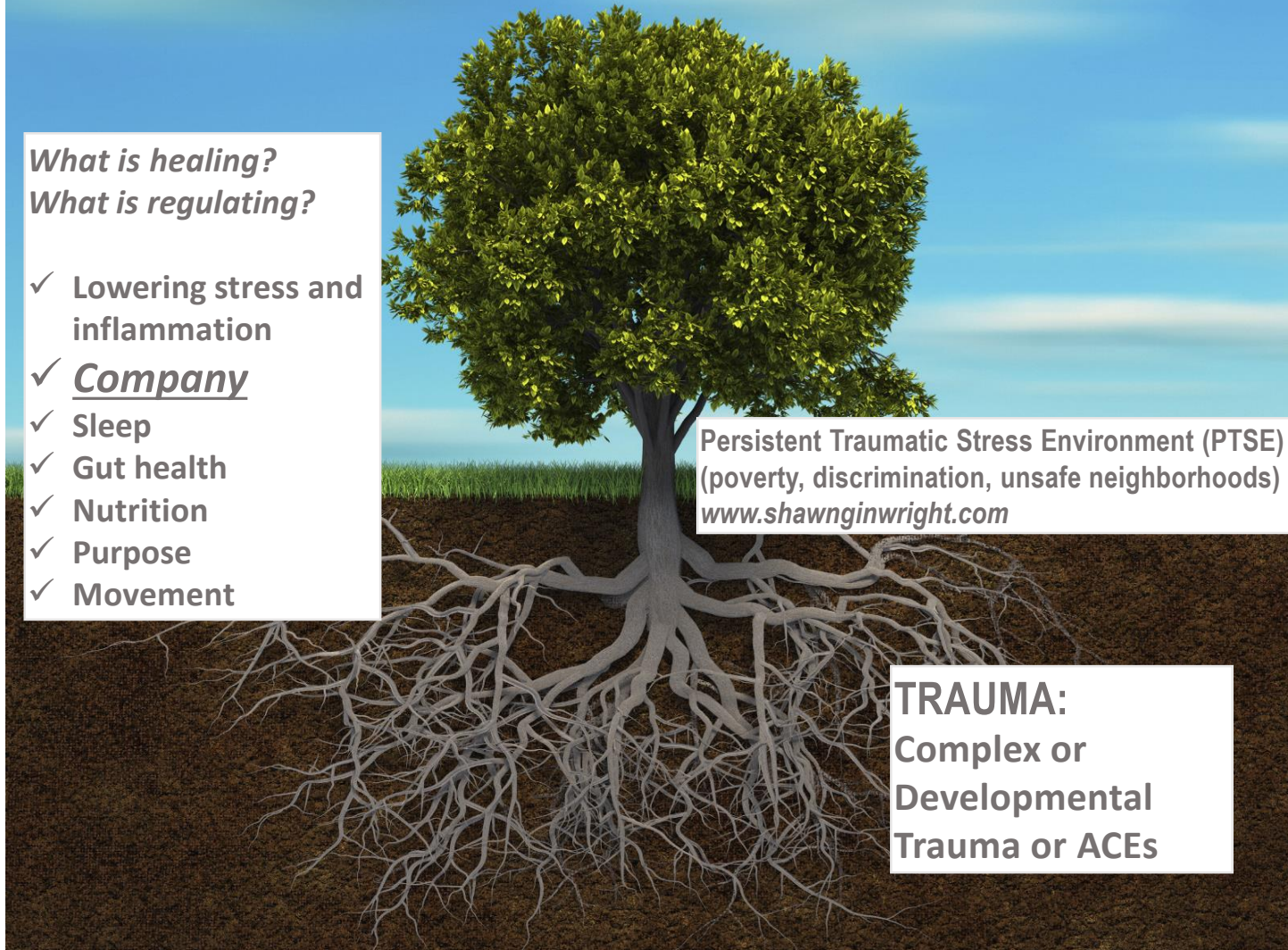
Healing through 2-generation and integrative approaches

*What is healing?
What is regulating?*

- ✓ Lowering stress and inflammation
- ✓ Company
- ✓ Sleep
- ✓ Gut health
- ✓ Nutrition
- ✓ Purpose
- ✓ Movement

Persistent Traumatic Stress Environment (PTSE)
(poverty, discrimination, unsafe neighborhoods)
www.shawnginwright.com

TRAUMA:
Complex or
Developmental
Trauma or ACEs



What do you need to thrive?

- SAFETY
- Sleep
- Healthy Food/Healthy Digestion
- Light, water, air
- Movement
- Love, community, connection
- Purpose

How We Support Competency

1. Executive Function

- Practicing making priorities, problem-solving, goal setting, organizing
- Supporting reflective capacity: observing self, baby, and others
- Mindfulness (practice focus)

2. Empowerment/Sense of Agency

- Recognizing that passivity is a consequence of trauma
- Support any opportunity for them to make decision, speak their needs, make change
- Identify system harm when appropriate and support self-advocacy
- Can they do for baby what they may not be able to do for themselves?

How We Support Competency

3. Identity

- Common theme in perinatal mental health – how do I be a mom and myself?
- Childhood trauma complicates further as sense of identity is already unstable
- To develop identity:
 - Think and talk about unique self, future self, positive self
 - Identifying strengths, interests and creating opportunities
 - Noticing pieces of identity together
 - Baby provides opportunity to re-imagine self

What did you like about the program?



Harming Less, Helping More

1. Reimagining Healing *with* communities not *for* communities
2. Doing our own work (i.e. implicit bias training)
3. Trauma-Informed Principles:
 - Safety
 - Trustworthiness/Transparency
 - Collaboration and Mutuality
 - Empowerment
 - Voice and choice



Hennepin County
Medical Center

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Resources

- Mill City Kids <http://www.collectiveactionlab.com/mill-city-main>
- Institute for Functional Medicine
 - www.functionalmedicine.org
- Adverse Childhood Experiences (ACE) study:
<https://www.cdc.gov/violenceprevention/acestudy/>
- Other Books:
 - Bessel van der kolk (The Body Keeps the Score)
 - Henry Emmons (Chemistry of Joy; Chemistry of Calm)
 - Michael Pollan (Food Rules, Omnivore's Dilemma)
 - James Hollis (Finding Meaning in the 2nd Half of Life)
 - Kelly Brogan: (A Mind of Your Own)
 - Sandra Bloom (Creating Sanctuary: Toward the Evolution of Sane Societies)

Resources

- **HCMC Mother-Baby Program HOPELINE 612 873 HOPE**
- **Pregnancy and Postpartum Support MN 612787PPSM**
- <http://toxnet.nlm.nih.gov> -- *database of reproductive safety data of meds*
- www.mededppd.org --- *NIMH website on PPD*
- www.motherisk.org -- *reproductive safety of meds*
- www.womensmentalhealth.org
- www.circleofsecurity.org
- <https://tfcbt.org/> - **TF-CBT**