

Book Review

Protecting Children and Young People: Trauma Informed Care in the Perinatal Period.
Edited by Julia Seng and Julie Taylor, 2015, Edinburgh & London: Dunedin Academic Press. ISBN: 978-1-78046-053-6

The authors and editors of *Protecting Children and Young People: Trauma Informed Care in the Perinatal Period* argue that psychosocial care is just as critical for mothers, infants, and society at large as is medical care, and point out that it has been agonizingly slow to catch up to the medical model. This is a research-laden book that takes a systems approach to both examining the roots of familial and societal violence, and exploring how to best deal with these complex issues as a collaborative front.

The editors describe the far-reaching effects of *toxic stress* – or the concept that when the allostatic load of compounded stressors becomes too great, stress literally becomes toxic to our bodies. For a pregnant or nursing mother this creates a scenario whereby not only are her own “cardiac, respiratory, metabolic, immune, and neuroendocrine functions used to counter threat” up-regulated, but her baby’s functions are as well (p. 4). This has an impact on the baby’s epigenetics. Unresolved traumatic stress and childhood maltreatment may feed into toxic stress and, by addressing these issues collaboratively as a treatment team, intergenerational patterns of abuse may come to an end.

The editors state that focusing on the “four trimesters of the childbearing year” (including the pregnancy and first three months postpartum), should be a prioritized time of intervention. Key to the success of these interventions is that the entire health care provider team is *trauma-informed*, meaning that on a systems-level, the team must not only be able to “take past trauma into account,” but also be able to work well together to address these issues from different angles (p. 13). Doing this successfully necessitates recognizing and supporting:

the survivor’s need to be respected, informed, connected, and hopeful regarding their own recovery; the interrelation between trauma and symptoms of trauma, such as substance misuse, eating disorders, depression, and anxiety; and the need to work in a collaborative way with survivors, family and friends of the survivor, and other human service agencies in a manner that will empower survivors and consumers. (p. 16)

The collaborative team format can be deeply supportive for childbearing women, say the editors, as maternity and birth procedures can be traumatizing (or re-traumatizing), and vulnerability to abuse increases for both mothers and infants during the childbearing year and the infant’s first year of life. Prior research also shows that PTSD is both twice as common among women as men, and highly co-morbid with depression, and that these issues are specifically found together in high numbers of childbearing women, according to the authors. Assistance for the pregnant woman, and for the mother-infant dyad could help resolve these issues, and prevent the pass-down of unhealthy intergenerational patterns.

Also addressed in this book is the importance of both taking into account the vicarious trauma health care professionals may experience in working with this population, (“...most healthcare professionals do not have sophisticated training about counter-transference reactions where they empathize with or react to their clients’ intense emotions...”), and supporting the element of post-traumatic growth, or resilience, found in many who have suffered trauma (“...there is a real risk of ignoring resilience. And we could easily overlook the potential power we have to foster post-traumatic growth...”), (p. 68-69).

Through a collaborative effort of mental health care professionals and medical care providers, the mother’s attachment patterns, abilities to self-regulate and help regulate her infant, and her need for various amounts of social and educational support can all be examined, and services tailored to address those needs. Importantly, maintaining a “seamless” continuum of care with regular caregivers

throughout the four trimesters and beyond can promote safety and healing for the woman who has experienced trauma (p. 93). Providing continued support over time allows one the practice to begin developing needed skills for attunement, regulation, and healthy parenting. Pregnancy (and before) are prime times to learn these skills in order to best address the wealth of needs that arise postpartum. Additionally, “Continuity of support could be a vital improvement over current episodic care, too, because early warning signs could lead to appropriate proactive help and surveillance for high-risk dyads, and a team would be more powerful in taking concerted action,” (p. 95).

Research in transdisciplinary interventions specifically for perinatal care is needed and could help foster the creation of organizational and systemic change in the way care is delivered throughout this critical period of time. The authors call for a paradigm shift in the way perinatal care is provided. However, the authors encourage us all to take action:

Action could take the form of universal prevention, targeted interventions that are trauma informed, or indicated treatment that is trauma-specific. Development of evidence-based approaches are strongly needed for the perinatal-specific points in the cycle. (p. 100)

This is a book for clinicians and researchers. Each chapter builds on the previous one, and research charts are included, allowing readers to easily find original articles and information. It is a worthwhile read that deftly probes into the reasons trauma-informed care should be included in the perinatal period, and possible ways to make this happen systemically.

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