



# 3-minute case study: Trauma-informed care for parents

By Lia Novotny | May 30, 2018

What innovations drive success in healthcare? Here's a tactic from a leading healthcare organization.

## The problem

Being a mother of an infant is hard work. But being a mother of an infant while struggling with substance-abuse disorder is really tough – on babies as well as their mothers. Past trauma in parents, often a driver of substance abuse, can influence a child's development, extending the pervasive clinical and behavioral impact of trauma into the next generation.

Yet untangling trauma, addiction, and parenting deficits to treat each separately is complex – and perhaps impossible.

## The solution

Jefferson Health of Pennsylvania sought to break the cycle of intergenerational trauma by establishing the Maternal Addiction Treatment Education and Research (MATER) program to treat trauma and related parenting deficits concurrently with substance abuse.

As Diane Abatemarco, vice chair of Pediatric Population Health Research at Jefferson University, explains, highly reactive parenting – such as “screaming at a child to where the child is really frightened, or hitting a child without thinking” – is common among parents who have four or more adverse childhood experiences (ACES) in their own past. This perpetuates trauma in their children.

To address the problem, the team set a simple but challenging goal: Improve parenting skills. “We wanted to

improve parenting because we really believed that would stop the intergenerational trauma,” says Abatemarco.

To begin, Abatemarco’s team conducted the first federally funded study on the impact of parenting classes based on principles of trauma-informed care, enrolling 160 women with children under age 4 in treatment for opioid-use disorder. The 12-week program comprises two hours per week of mindfulness-based stress reduction (MBSR) exercises led by a certified teacher.

Mothers bring their children to three of the sessions, those where teachers model “mindful play,” i.e., allowing children to decide how they want to play.

The concept of child-led play, says Abatemarco, is often completely novel for traumatized parents, who tend to see their children as extensions of themselves, and attribute adult behavior even to newborns. Teachers help participants see that a child’s crying or tantrums are not the mother’s fault – and that they as parents can have a positive impact by comforting their child.

## The outcomes

At the beginning and end of the 12-week program, participants were assessed on the Keys to Interactive Parent Scale (KIPS), which evaluates 12 key parenting dimensions on a 5-point scale. Over the course of the program, participants’ scores rose from 2.3 to 3.5, moving from the low range to being on par with the general population.

And the effect endured. Several months later, mothers reported that the program had helped them avoid two significant behaviors: Relapse into substance abuse and fights with family and partners.

“We ask them to bring all their life trauma that brought them into drug use. Then we give them the space to build skills around self-compassion,” says Abatemarco. “For most, it’s probably the first time in their lives that they experience gentleness.”

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