

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Reproductive Loss & Survivor Care

Presented by Shantae Rodriguez, PA-C &
Michaelene Fredenburg, LHD, h.c.

Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



Visit the TTAC Website

A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**.
 - Access videos, slides, and presenter information
- Contact the TTAC team by clicking on **Ask TTAC** and filling out our **Contact Us form**
- And more!

Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you

Explore all the provider resources at ttacny.org



About Trainings Resources Clinical Services

NYC Perinatal & Early Childhood Mental Health Provider Resources

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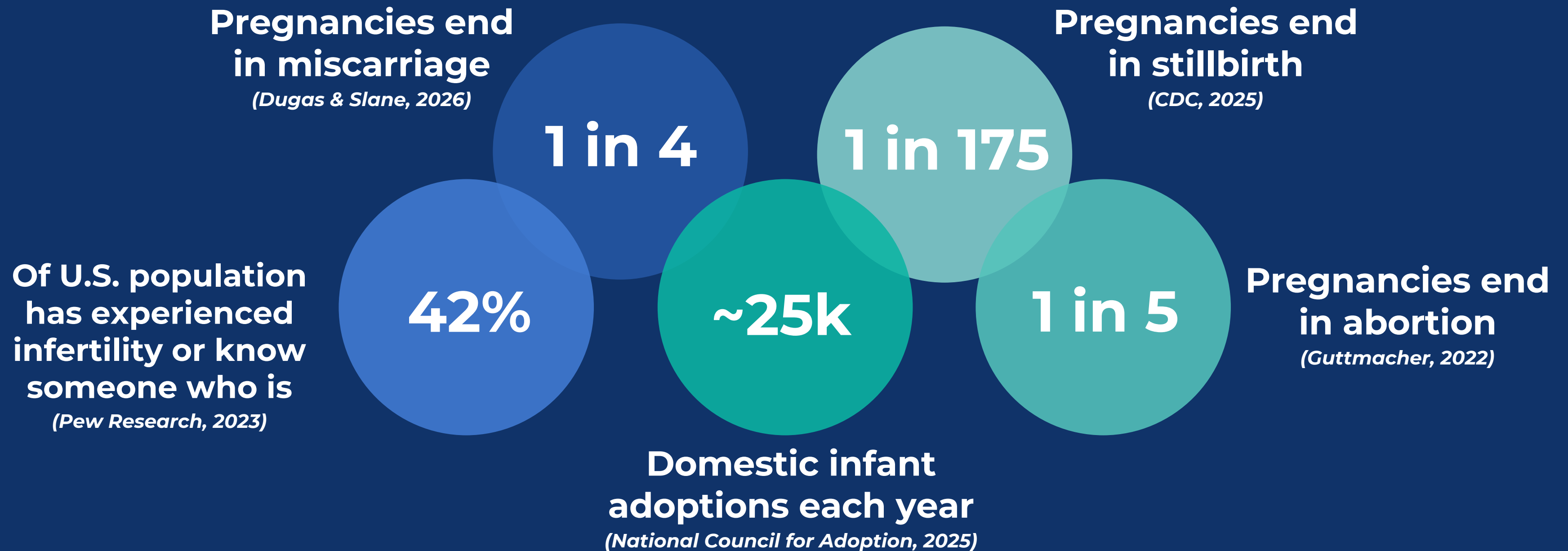
Course Objectives/ Outcomes

- Describe the impact of reproductive loss in individuals who have experienced sexual exploitation (SE) and intimate partner violence (IPV).
- Identify at least two complexities that SE/IPV create for reproductive grieving.
- Explain at least three critical elements of trauma-informed reproductive grief care for individuals with lived SE/IPV experiences.

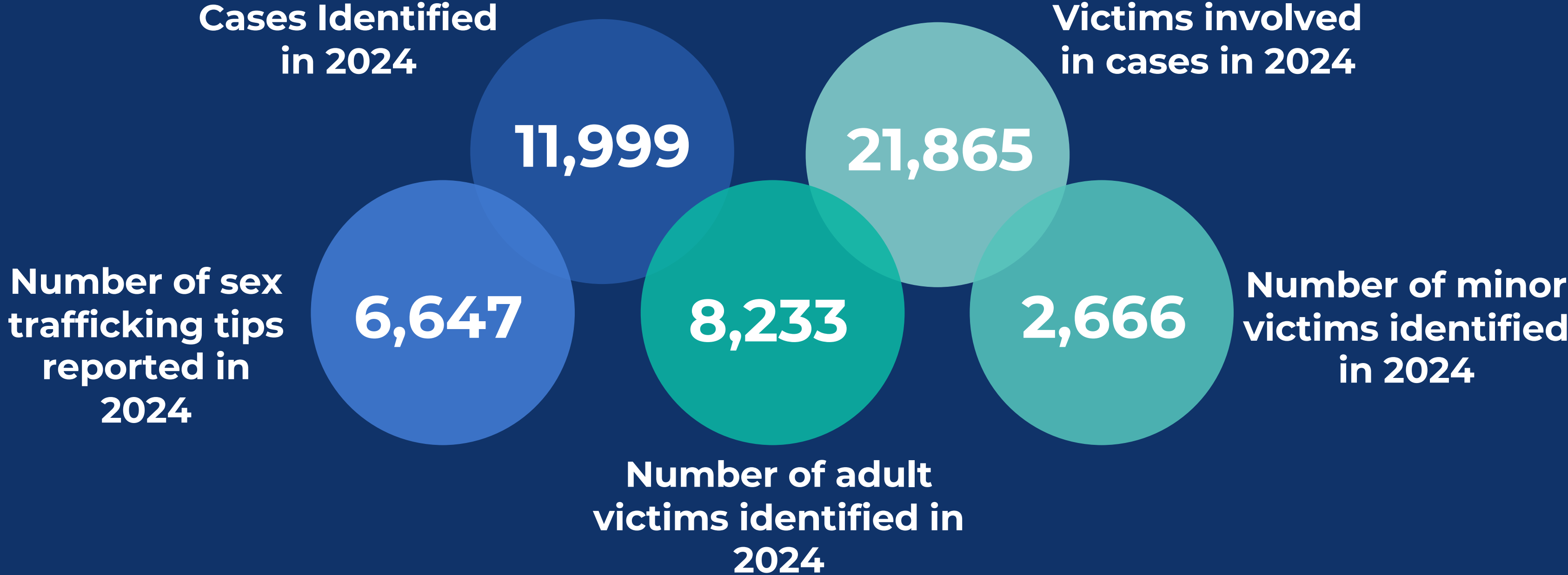


Prevalence

Reproductive Loss in the US



National Human Trafficking Hotline



Domestic Violence in U.S.

People per minute
are victims of
rape, violence or
stalking by IP

24

Women have
been raped in
their lifetime

1 in 5

Women have
been raped
by IP

1 in 10

81%

1 in 4

Women 18+ have
been victims of
severe IPV

Women reported long-
term impacts of rape,
stalking or IPV





Impact

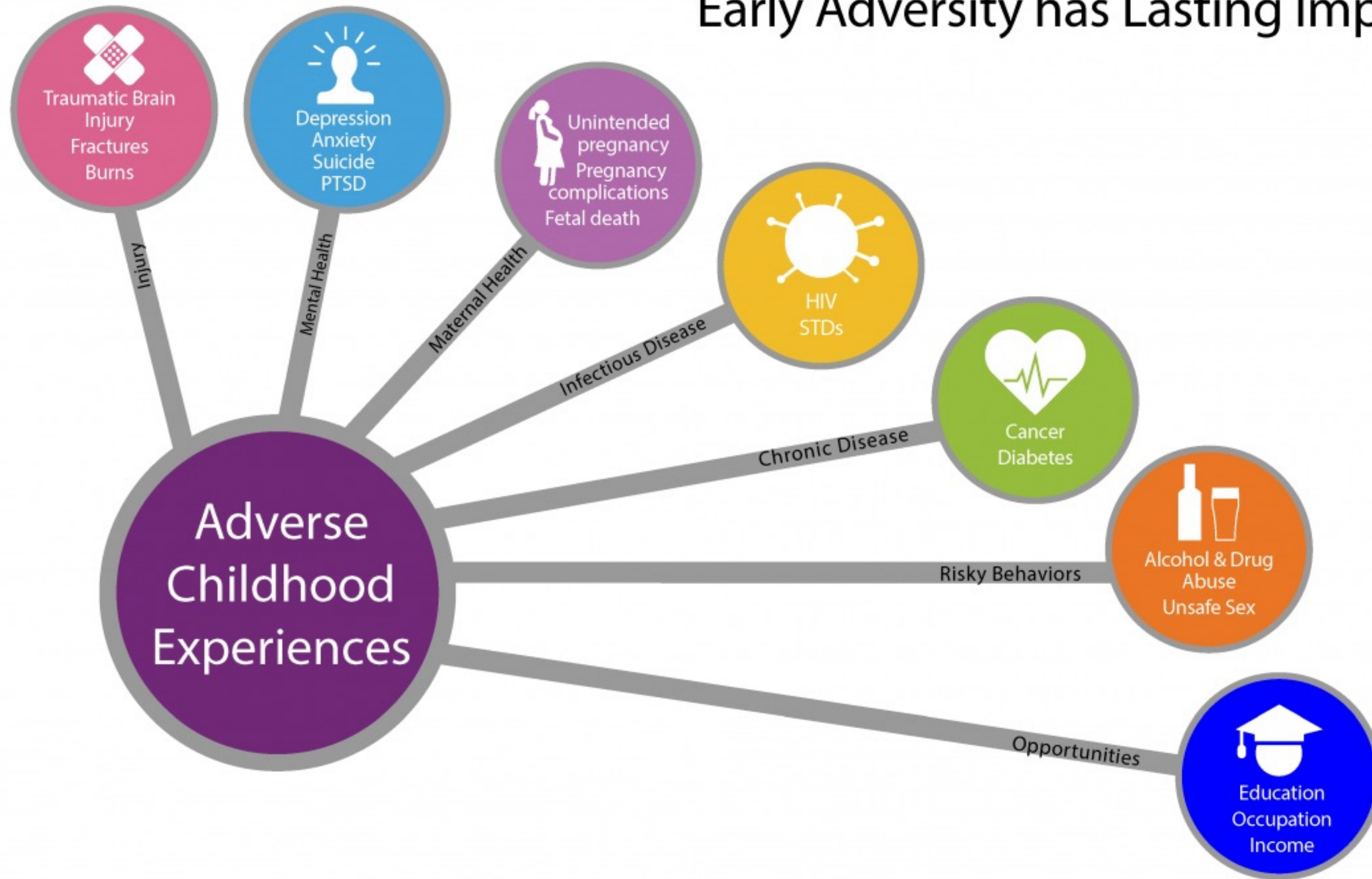
Impact of Human Trafficking & IPV

- Multiple pregnancies
- Reproductive coercion
- Forced abortions/miscarriages
- Silence
- Homicide

ACE Research

- Overview
- Impact of ACEs in Reproductive loss

Early Adversity has Lasting Impacts





Complexities



Institute of
Reproductive Grief Care

Reproductive Story (Jaffe & Diamond, 2011)



Begin writing
story during
childhood



Bonding
begins before
conception



Intensity/length of
grief is not tied to
length of pregnancy



Reproductive Loss Themes

(Jaffe & Diamond, 2011)

Part of
self has
died

Loss of
hopes &
dreams

Sense of
failure



Trauma Story

- Like reproductive story but trauma-focused
- Grieve not only RL but traumatic experiences
- Reproductive loss directly tied to trauma – relive RL to process trauma

Disenfranchised Grief

(Doka, 1989)

- Grief that is not culturally acknowledged
- Loss that is treated as a non-event
- Individuals are not entitled to grieve

Disenfranchisement

- Doubly disenfranchised
- Provider/organization biases
- ACEs and disenfranchisement

Tasks of Grieving

(Worden, 2018)

ACCEPT

the reality of the loss

PROCESS

the pain of grief

ADJUST

to a world without the
deceased

FIND

an enduring connection





Trauma-Informed Grief Care

Companioning Approach

Treatment Approach

- Provider as expert/Teaching
- Diagnosing/Treating
- Telling/Explaining
 - Curing

Companioning Approach

- Provider as companion/Learning
- Being present
- Asking/Seeking to understand
 - Caring

4 Rs of Trauma-Informed Care

REALIZE

RECOGNIZE

RESPOND

RESIST
RETRAUMA-
TIZATION



Preferred Communication

- Demonstrate empathy
- Create space for patients to process
- Check for understanding (teach-back method)
- Avoid medical jargon & emotionally-charged language

Compassionate Communication

What to Say

- “I’m so sorry...for your loss/...that you’re experiencing this”
 - “You are not alone”
 - “How are you doing?”
- “It’s ok to...cry, be numb, etc.”
- “We’re here to help however we can”

What to Do

- Mirror patient’s language
 - Treat with dignity
 - Include partner/family
 - Brief loved ones
 - Offer choices
- Don’t underestimate silence





Practical Applications

Screening Considerations

- Screen everyone for SE/IPV & RL
- Not curiosity: gaining info to resource
- Must be safe for disclosure
- May not need details
- RGCare-5 Screener

Screening Questions

- “What has happened” vs “What is wrong”
- “Have you experienced any RL?” [List types]
- “How many children do you have?”
- “Have you had any previous/additional pregnancies?”
- “Have you experienced any loss of children due to custody, stillbirth, miscarriage or abortions due to relational abuse?”

Memorialization

- Most losses are in the past
- Could be triggering
- Don't assume - ask

Cultural and Spiritual Care



Practice humility –
ask questions and
listen to
understand



Do not make
assumptions -
check



Accept differences
without
overemphasizing



Barriers & Challenges

- Not being fully out of the life
- Resources
- Partners
- Custody concerns
- Physical Concerns
- Pregnancy after Loss

Benefits of Self-Care

- Emotional and physical health
- Increased empathy
- Improved work performance
- Enhanced well-being
- Stronger relationships
- Resilience for caregiving

THANK YOU

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Visit our website: ReproductiveGrief.org



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