



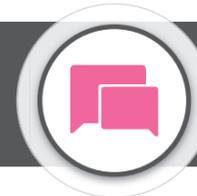
Evidence shows trauma and smoking has a high correlation—and it continues during pregnancy. For example, while the average smoking rate among pregnant women is up to 27 per cent in some countries, it climbs as high as 50 per cent among pregnant women with a history of intimate partner violence.

More importantly, health-care providers need to be aware that trauma survivors who become pregnant may have a greater dependency on tobacco as a coping mechanism.

And because of inherent suspicious and vigilant behavior in trauma survivors, these pregnant smokers may be less responsive to smoking cessation interventions, especially in the early stages, until a trusting relationship has been established with their health-care provider.

For these reasons, integrating a trauma-informed care approach into your smoking cessation practice for all women, especially those pregnant and postpartum, is essential.

What is Trauma-Informed Care?



Trauma refers to an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping. Generally, 'trauma-informed' refers to a cultural stand and framework that is grounded in an understanding and responsiveness to the impact of trauma, without providing specific treatment for trauma. It also creates opportunities for survivors to rebuild a sense of control and empowerment.

Since more research is needed to both define trauma, and methods of identifying trauma among clients, it is better to incorporate a trauma-informed culture rather than a trauma-specific service into smoking cessation best practices. Simply put: a generic approach to smoking cessation that is not sensitive to the role of trauma is likely to drive pregnant and postpartum trauma-survivors away.

5 Trauma-Informed Care Values to Incorporate into Your Smoking Cessation Practice



Give consideration to integrating these five values into your smoking cessation interventions—across physical settings, relationships and activities that are undertaken—with the goal of establishing a trauma-informed culture.

1/ Emphasize safety

Because trauma survivors often feel unsafe, and may even be in danger, special attention should be given to establishing and maintaining a safe environment in terms of client interactions and your clinic space.

My Practice Considerations

- Where am I providing services, and what safety provisions should be considered?
- Do I provide clients with clear explanations of a smoking intervention in a way that is individually tailored to them? Do I take into account gender biases, societal hindrances, such as poverty, and other stressors unique to their circumstances?
- Am I attentive to signs of client discomfort and unease?
- Are there possible triggers for re-traumatization in my cessation approaches and if so, do I attempt to minimize these? For example, do I ensure I ask about tobacco use without the client's partner present in case of an abusive relationship?

Goal: Provide smoking cessation interventions that avoid potential triggers for re-traumatization, that respect privacy and confidentiality and that emphasize the woman's personal safety.

2/ Build trustworthiness

Trustworthiness is at the heart of trauma-informed care because interpersonal trauma often involves boundary violations and abuse of power.

My Practice Considerations

- Do my intervention boundaries veer from those of a respectful professional?
- How do I encourage the client to create goals to promote self-efficacy? Do I routinely also include a harm reduction approach (cutting back versus quitting)?

- Do I provide realistic information about intervention limitations in certain circumstances, e.g., explain the high rates of relapse postpartum and the need for continued support?

Goal: Maximize trustworthiness through role clarity, consistency and respectful interpersonal boundaries.

3/ Maximize choice and control

Control is often taken away in traumatic situations, so it is important to emphasize choices for clients in your trauma-informed smoking cessation intervention.

My Practice Considerations

- How much choice do clients have regarding how and when the intervention takes place, e.g., do I ask them about timing that works for them?
- To what extent are the individual's priorities given weight in terms of services received and goals established? Pregnant clients will respond better to a women-centred approach that addresses their health issues and social issue stressors (e.g., financial, legal), rather than one that focuses on the health of the fetus only.
- What message is received about unsuccessful quit attempts?

Goal: Build in and emphasize even small choices that make a difference to trauma-survivors to maximize their experiences of control. Respect the client's right to autonomy by allowing her to determine the timing and pace of interventions that work for her recognizing these are her own choices.



4/ Collaboration

Trauma survivors respond best to situations that establish collaboration and sharing of power.

My Practice Considerations

- Do I respect the client's life experiences and history, in such a way that recognizes her right to choice in cessation options?
- Are clients actively involved in the planning of smoking cessation services, and are priorities elicited and then validated in formulating a plan?
- Does my smoking cessation approach cultivate a model that is doing 'with' rather than 'to' or 'for'?

Goal: Establish woman-centred care values and beliefs in my smoking cessation practice, including ensuring clients are recognized as experts of their own lives. Help pregnant clients understand the role of smoking in their lives, while not being fetus-centric. Also, emphasize clients as leaders and ensure clients' goals coordinate care.

5/ Empowerment

Trauma-informed care is strengths-based versus deficit-oriented. Assist clients to identify their own strengths, and to develop coping skills during tobacco-reduction interventions.

My Practice Considerations

- Does the 'Assist' aspect of the intervention stay focused on the future and use skills building to develop resiliency?
- How do I identify clients' strengths and skills in my intervention? Do I emphasize client growth rather than maintenance? How can each contact be focused on skills-development?
- For each encounter, how do I help make the client feel validated and affirmed?

Goal: Provide a woman-centred care approach that recognizes smoking as a response to personal challenges, and that quitting is not an isolated decision about her pregnancy.

Finally, you will be better poised to help pregnant and postpartum trauma survivors move past using tobacco as a coping mechanism if you integrate social issues—stressors including financial, legal, social and more—into smoking cessation interventions.

How to Integrate Trauma-Informed Care for Pregnant & Postpartum Smokers

Ways to Enhance My Smoking Cessation Practice



*Citations for this document are available at TobaccoFreeRNAO.ca

PRODUCED WITH FUNDING FROM THE ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE.