



## Implementing Trauma-Informed Strategies for Mothers of Infants with Neonatal Abstinence Syndrome

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### Abstract

**Purpose:** To improve outcomes of infants with neonatal abstinence syndrome (NAS) by implementing an evidence-based approach to care.

**Methods:** An interdisciplinary team developed and implemented an educational module about the elements and principles of trauma-informed care (TIC) and standardized education on NAS for mothers with substance use disorder (SUD). The team collaborated with community behavioral health professionals to secure the services of a certified recovery specialist. Primary outcome measures of average length of stay (LOS) and admissions to special care nursery (SCN) for NAS infants were analyzed.

**Results:** Following health care team education on TIC and implementation of the standardized NAS brochure, average LOS decreased significantly from 6.5 to 5.1 days from baseline period (January–December 2019) to the implementation period (February–June 2020;  $p = 0.03$ ). There was no difference in SCN admission from the baseline period (February–June 2019) to the implementation period (February–June 2020). Referrals to certified recovery specialists did not change.

**Clinical Implications:** Education on the impact of trauma on new mothers with SUD can promote collaboration between them and the neonatal team. Standardizing education for new mothers of infants with NAS can help to engage families of infants with NAS and improve clinical outcomes.

**Key words:** Evidence-based practice; Neonatal abstinence syndrome; Neonatal nursing; Substance-related disorders.

### Background

Opioid use and abuse among adults and pregnant women have increased dramatically over the last decade (Hirai et al., 2021). The number of infants in the United States exposed to illicit substances prenatally has increased by 333% over 15 years (Haight et al., 2018). These data have significant implications for health care professionals providing neonatal care.

It is estimated that 50% to 90% of infants exposed to opioids during

pregnancy will develop neonatal abstinence syndrome (NAS) after birth (Jones et al., 2010). Neonatal abstinence syndrome is a group of behavioral and physiologic signs and symptoms in the neonate caused by the abrupt withdrawal of various pharmacologic agents following birth. Symptoms include a combination of central nervous system irritability (e.g., tremors, gastrointestinal dysfunction, high-pitched, continuous crying) and autonomic nervous system symptoms of

temperature instability, increased respiratory rate, frequent yawning, and sneezing (Hudak & Tan, 2012). Infants with NAS are more likely to suffer low birthweight, prematurity, feeding difficulties, and respiratory distress. Longer hospital stays and specialized care required by infants with NAS result in costs for hospitals and increased demands on professionals who provide care for them.

The estimated cost of caring for an NAS infant in 2012 was \$66,700 per hospital stay compared with an uncomplicated newborn stay of \$3,500.00 per stay (Patrick et al., 2015). However, the impact of caring for infants with NAS is more than purely financial. Providing care for infants with NAS and their families is challenging for the health care professionals. In addition to meeting the physical demands, the neonatal team must attend to their family's complex emotional and social needs while dealing with their own emotions. How health care professionals view substance use during pregnancy may influence interactions with new mothers and have an impact on outcomes (Atwood et al., 2016; Romisher et al., 2018; Tajeu et al., 2015). Therefore, it is important health care professionals examine prejudices and unconscious bias toward new mothers with substance use disorder (SUD).

The literature review revealed the following themes: the impact parental presence and engagement have on

patient outcomes (Grossman et al., 2017; Howard et al., 2017), the role standardized education for mothers with SUD plays in encouraging parental involvement with care and decreasing NAS symptoms (Atwood et al., 2016; Cook et al., 2017; Patrick et al., 2016), and the importance of providing nonjudgmental, compassionate care to women with SUD (Krans et al., 2019; Tajeu et al., 2015).

### **Impact of Parental Presence and Engagement**

Parents, particularly mothers, being present to care for and feed their newborn is beneficial for infants at risk for NAS. Howard et al. (2017) found increasing parental time spent at the infant's bedside was associated with shorter length of stay (LOS), fewer pharmacologic treatment days, and decreased severity of NAS symptoms. Grossman et al. (2017) described the power of maternal-infant dyad as instrumental in improving neonatal outcomes. In a 5-year quality improvement project, a multidisciplinary team concentrated on optimizing nonpharmacologic care for infants diagnosed with NAS. Through nursing support and standardized patient education, parents were strongly encouraged to room-in and care for their infant. Neonatal professionals continually empowered parents to be the most critical part of the infant's care. Implementation of the interventions was associated with decreased LOS, pharmacologic treatment days, and costs (Grossman et al., 2017). These types of studies demonstrate the dramatic effects nonpharmacologic interventions have on the outcomes of infants with NAS.

Breastfeeding infants at risk for NAS has been reported to improve outcomes. Howard et al. (2017) found nonpharmacologic interventions, particularly breastfeeding, were associated with decreasing symptom of NAS. A recent study (Favara et al., 2019) found feeding NAS infants breastmilk decreased both LOS and

pharmacologic treatment days compared with formula-fed infants.

### **Role of Standardized Parental Education**

Successfully achieving the goal of having parents with SUD be present and care for their newborn is difficult; however, it is particularly essential with parents of infants at risk for withdrawal. Tajeu et al. (2015) described how the acuity of NAS infants could unintentionally exclude parents who desire to care for their infants but lack the appropriate knowledge. In a qualitative study of families of NAS infants, Atwood et al. (2016) reported parents expressed a desire for education about NAS and disappointment at not being included in the neonatal care team. Families voiced a need for clear, consistent communication regarding their infant's clinical course, yet few families felt they received adequate education on what to expect during hospitalization (Atwood et al., 2016). Providing clear, consistent communication and education on NAS may improve parental engagement. Standardizing the health care process and patient education can reduce variation and improve outcomes of infants with NAS (Cook et al., 2017; Grossman et al., 2017; Patrick et al., 2016).

To assist providers in standardizing care and improving outcomes, The National Partnership for Maternal Safety has developed a patient safety bundle to reduce adverse maternal and neonatal health outcomes associated with substance use. *The Consensus Bundle on Obstetric Care for Women with Opioid Use Disorder* (OUD) is a series of evidence-based recommendations that allow institutional customization to standardize and improve outcomes (Krans et al., 2019). The bundle recommends patients and families with OUD receive evidence-based education on neonatal opioid withdrawal symptoms and nonpharmacologic interventions designed to reduce its severity (Krans et al.).

### **Importance of Compassionate Care**

Providing compassionate, nonjudgmental care to parents with SUD begins with understanding their background, including trauma. A substantial percentage of parents with substance abuse disorder have a history of trauma, which can cause the health care environment to be frightening (Marcellus, 2014; Substance Abuse and Mental Health Services Administration, 2014). The intensity of the special care nursery (SCN) atmosphere, along with unconscious bias of health care professionals, can lead mothers with SUD to avoid spending time there with their infants (Tajeu et al., 2015). The OUD consensus bundle recommends providers who care for new mothers receive education on trauma-informed care (Krans et al., 2019). Trauma-informed care (TIC) is framework of care supported by Substance Abuse and Mental Health Services Administration that considers the effect trauma has on the lives and choices of individuals. Providing the neonatal team evidence about the role trauma plays in substance use in women can improve understanding and lead to approaches to care that foster trust, empowerment, and collaboration between health care providers and new mothers with SUD and improve outcomes. The aim of the project was to improve outcomes of infants with NAS by implementing an interdisciplinary, evidence-based approach to care.

## **Method**

### **Setting**

This interdisciplinary, evidence-based, quality-improvement project was implemented at a 373-bed community, teaching, Magnet designated<sup>®</sup> hospital in western Pennsylvania with over 1,200 births per year. Hospital leaders were interested in improving outcomes for newborns with NAS and parents with SUD. They identified a growing interest from nurses about how implementing TIC principles could improve outcomes. An interdisciplinary project team of

clinical experts including registered nurses, a neonatologist, a nurse practitioner, lactation consultant, hospital social worker, and key stakeholders was formed to review the literature and identify gaps between best and current practice.

### **Preimplementation Phase**

During the preimplementation phase, the interdisciplinary team met and reviewed the evidence-based recommendations for care of infants with NAS and their families. The team used *The Consensus Bundle on Obstetric Care for Women with Opioid Use Disorder* (Krans et al., 2019) to complete a gap analysis between evidence-based practice recommendations and current practice. The first gap identified was that the neonatal team lacked experience working with families with SUD. The project team determined that education for the neonatal team on best practice for the care of new mothers and families with SUD and strategies for recognizing bias would be a practical approach to improve the ability of the neonatal team to work collaboratively with mothers with SUD and their families.

The project team reviewed departmental policies and determined that all pregnant women are tested for illegal drug use on admission for labor and birth. Infants of mothers who test positive for opioid use on admission are evaluated for at least 5 days after birth for withdrawal symptoms; however, the unit lacked a standardized education plan for the parents. During this observation time, the infant's mother was encouraged to room-in and provide newborn care. The team recognized developing and delivering standardized education for the mothers as an opportunity to promote parental engagement with their infant.

Project team members discussed barriers and challenges of new mothers with SUD and their families and identified improved collaboration between the hospital and community behavioral health services as an opportunity to address these chal-

lenges. Acknowledging that coordination was essential to provide comprehensive care for women with SUD, the consensus bundle (Krans et al., 2019) recommends hospital health care professionals collaborate with community health care providers to develop a plan to improve recovery and long-term outcomes following discharge.

### **Team Education on Trauma-Informed Care**

The interdisciplinary team developed an online educational module about the elements, principles, and clinical application of TIC. Topics included types of trauma, impact trauma has on lives of individuals, recognizing trauma, and strategies for implementing TIC principles (e.g., safety, empowerment, collaboration, and trust). All full- and part-time neonatal team members completed the educational module and an evaluation survey.

The project team also developed an evaluation survey to be completed following the education module by neonatal team members. The survey included 5 Likert-style questions about participant's perception of their understanding of TIC, their ability to use TIC principles and elements in practice, ability to recognize trauma in new mothers, ability to provide the appropriate referrals, and current use of TIC principles and elements.

### **Standardized Education for Mothers with Substance Use Disorder**

The project team, along with experts in behavioral health and SUD created a standardized educational brochure for new mothers with SUD. They revised the brochure to include feedback received from key stakeholders including the unit-based practice council, education committee, and maternity unit nursing professionals. The marketing division of the hospital revised the brochure to include hospital contact information and trademark. The project leader and team members educated the

nurses on use of the brochure for new mothers with SUD during daily unit huddles. Each huddle included time for participants to review the brochure, ask questions, and discuss issues relevant to its use.

### **Coordination of Care**

To address the unique needs of new mothers with SUD, the team collaborated with local community behavioral health resources to secure services of certified recovery specialists for appropriate patients. The certified recovery specialist was known to be instrumental in identifying the challenges and barriers facing new mothers with SUD, communicating those needs and obstacles to the entire neonatal team, and assisting in securing available resources that address those needs. The certified recovery specialist is a person who has recovered from SUD and educated and certified in recovery. They shared their experience, assisted new mothers with SUD with navigation of the health care system, and promoted recovery (Kuhn et al., 2015). They acted as a liaison between the neonatal team, community resources, and patients and their families. Referral information for the certified recovery specialist was included in the standardized handout for new mothers with SUD.

### **Methods of Evaluation**

Outcome measures included the average LOS of NAS infants and the number of infants of SUD mothers admitted to the SCN. Data for average LOS and SCN admission were retrieved from the electronic health records. Process measures included number of mothers with SUD who room-in with their infant following mother's discharge, their breastfeeding rate, and number of certified recovery specialist referrals for mothers with SUD. Course evaluations of TIC education and neonatal team education on use of the NAS education brochure for new mothers with SUD were evaluated as process measures. Independent two-sample *t*-

tests were used to determine differences between average LOS and SCN admission for 2019 and the implementation period (February–June 2020). Descriptive statistics were used to analyze project process measures. Before implementation, the hospital and university institutional review boards approved the project as a quality improvement initiative.

## Results

Of the four hundred and sixty-one (461) women admitted to the maternity unit during the implementation period (February–June 2020), thirty-seven (37) tested positive for opioids. Average LOS decreased significantly from 6.5 days during the baseline period (January–December 2019) to 5.1 days during the implementation period (February–June 2020;  $p = 0.03$ ). There was no difference in SCN admission, percentage of breastfed infants, or certified recovery specialist referrals after the implementation period of the project. Nearly all new mothers with SUD roomed-in with their infants during the implementation period. The percentage of rooming-in mothers had not been monitored prior to the project, so no comparison was possible. The number of women with SUD admitted to our hospital decreased significantly ( $p = 0.003$ ) from 2019 to the implementation period 2020.

All of members of the neonatal team completed the online education module on TIC, and 49 of the 72 members (68%) completed the survey. Survey response was 87% nurses (42/48), 4.1% unit clerks (2/48), and 8.33% surgical technicians (4/48). After the online education, a majority of health care professionals agreed or strongly agreed (98%) they had a clear understanding of how TIC applied to their professional practice. A majority agreed or strongly agreed (96%) they felt equipped to use TIC skills and techniques when interacting with patients. Almost all agreed or strongly agreed (96%) they were using TIC

principles in practice. Most respondents agreed or strongly agreed (96%) they felt able to recognize signs and symptoms of trauma, and a high percentage agreed or strongly agreed (98%) they attempted to refer mothers who report a desire for trauma-informed services to providers with experience in trauma.

Attendance at the educational sessions at unit huddles varied between 10 and 19 neonatal team members. The project team members conducted educational huddles and held individual sessions to ensure that all full- and part-time neonatal team members ( $n = 72$ ) were educated on the use of the NAS brochure. Thirty-six percent (26/72) of the neonatal team that attended an education huddle completed the course evaluation. The participants unanimously (26/26) reported they believed the educational session helped them understand the use of the brochure and were confident or very confident about their ability to educate new mothers with SUD. Finally, 69% (18/26) reported they would definitely use the brochure and 31% (8/26) reported they would probably use the brochure.

## Discussion

The project's findings suggest that implementing evidence-based strategies with new mothers with SUD can improve outcomes of infants with NAS. Our results are consistent with other studies that indicate educating the neonatal team on strategies to work more effectively with new mothers with SUDs and standardizing patient education can improve outcomes of infants with NAS (Grossman et al., 2017; Patrick et al., 2016; Romisher et al., 2018; Schiff et al., 2017). Strengths of this project included the neonatal team's education about elements and principles of TIC and creating an evidence-based patient education brochure. The majority of neonatal team members reported a clear understanding of TIC and felt equipped to use it. Nurses reported that the

brochure made patient education easier.

One possible explanation for the decrease in average LOS is during the implementation period, most new mothers with SUD remained with their infant during the 5-day stay after their discharge (rooming-in). This additional time with their infant and health care professionals may have led to new mothers with SUD using specific interventions known to decrease NAS symptoms. These interventions may well have led to decreasing NAS symptoms and, consequently, average LOS.

The project did not distinguish between breastfeeding rates of new mothers with SUD and those without SUD. In future improvement projects, measuring specific data on the breastfeeding rate of mothers with SUD would be beneficial to determine effect of project interventions on this population. Howard et al. (2017) and Favara et al. (2019) suggest that breastfeeding infants with NAS is associated with decreased symptoms and average LOS.

There was no change in the number of certified recovery specialist referrals for new mothers with SUD after project implementation. A possible explanation may be that due to the coronavirus pandemic restrictions, no specific education on the benefits of referrals for certified recovery specialist for SUD was provided to the neonatal team. The open-ended question on the evaluation of the education of the brochure found 65% (17/26) of the nurses desired more education on community support for women with SUD and 62% (16/26) desired further education on certified recovery specialists. Although most nurses felt confident about their knowledge to educate new mothers with SUD using the brochure, they needed clarification about certified recovery specialist referrals. This finding is similar to Romisher et al. (2018) that many health care professionals lack knowledge necessary to provide optimal care for this population. Providing



## Clinical Implications

- Organizations that provide care to those with substance use disorder have an obligation to provide care that is compassionate and free of bias.
- Providing education to health care professionals on the role trauma plays in the life choices of individuals can change the perception of the neonatal team and increase collaboration between health care professionals and new mothers with SUD.
- Standardizing education for new mothers with substance use disorder and their families can decrease variation, improve processes, and lead to improved outcomes of infants with NAS.
- It is essential the health care team work closely with social workers, case managers, and community-based organizations to adequately address the needs of and improve long-term outcomes of this vulnerable population.
- Involvement of frontline nurses and clinicians is instrumental to the success of evidence-based practice projects that lead to best practice.
- Organizational support and clinical leadership are vital components to successful and sustained changes in clinical practice.

additional education to the neonatal team on available community resources for new mothers with SUD and the role of the certified recovery specialist may be beneficial to improving such referrals.

### Limitations

Results are not generalizable to other neonatal units with differences in size, location, and populations served. Immediately following implementation of the project, the World Health Organization declared COVID-19 a pandemic. The changes implemented to ensure safety of mothers and infants in hospitals during the COVID pandemic may have been a confounding factor in the decrease in LOS and SCN admissions. Number of women with SUD admitted to our hospital also decreased significantly from 2019 to the implementation period 2020. Reasons for the decrease were unclear but may have affected some of the project outcomes.

## Clinical Implications

Organizations that provide care for infants with NAS should provide the neonatal team caring for these infants with necessary skills, resources, and education to deliver optimal and compassionate care to this vulnerable population. Each organization must identify its own needs and de-

velop evidence-based strategies for caring for infants with NAS and engaging their parents as true partners in care. Providing evidence-based education about the role that trauma plays in substance use in women can help to change the health care professional's perception of substance use during pregnancy from that of intentionally harming their infant to that of chronic illness and can be a vital part of addressing bias and improving outcomes.

Standardizing patient education on NAS can have benefits for infants with NAS; however, more knowledge about substance use in pregnancy and benefits of breastfeeding is essential for new mother with SUD during the prenatal period. Increasing their understanding of effects of substance use on their infants and the importance of breastfeeding may lead to lifestyle changes that improve outcomes.

Collaboration between community resource professionals, social work, and the neonatal team is especially important to meet the needs of women with SUD and their infants. The neonatal team must work closely with hospital social workers and community-based organizations to ensure continuity of care after discharge, beginning with addressing the needs of nurses for more education on the use

of certified recovery specialist and available community resources.

Although an interprofessional team is essential for implementing evidence-based projects to improve outcomes for infants with NAS, organizational support and leadership is critical to sustainability and success. Nurse leaders must continue to identify and monitor educational needs of frontline clinicians about evidence-based practice on substance abuse, NAS, and community resources as well as organizational support to provide educational opportunities to meet those needs. ❖

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