TRAUMA-RESPONSIVE Derinatal LEADERSHIP



Sleep disturbances Nightmares Anger, Irritability I can't concentrate at all. Had a flashback. Do I have PTO to leave early?



Difficulty forming trusting relationships

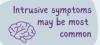
Since the event, I can't even go into that room or talk about what happened



memory.

critical thinking

happens



Effects of Trauma on Staff



Calling out sick again. I'm in a flare-up plus this cold is lingering

Anxiety, depression
Chronic physical health conditions



Negative self talk Guild, helplessness

I feel so numb. Bad things happen, so I stay busy with tasks.



Stress Responses



FIGHT
Yelling
Controlling

Automatic reactions, unconscious behaviors

FAWN

Pleasing Agreeable

FREEZE

Feeling Stuck



FLIGHT

Restless

Disassociate

(Beattie et al., 2018; Walker, 2014)





Relate ensures connection. Am I seen? Do I belong?

Regulate with rhythm, drills, ground in truths

environment accountability mutual respect communication

FOSTER ENGAGEMENT, RETENTION, & HEALING WITH A

Trauma-Informed Approach

Safety physical and psychological

Collaboration & mutuality disrupt power dynamics

Voice & choice

Consistently validate and acknowledge the individual

Cultural, historical & gender issues

Trustworthiness consistently

earn the trust of your team

Moving past stereotypes means

holding each other accountable

Peer support







How are you?

now?

What do you need right

BEHAVIORS OF TRAUMA-RESPONSIVE LEADERS

Add your own challenging behavior or example, then complete the activity through a trauma-responsive lens using the 6 Key Principles below.

Behavior	The story we assume	What we know about trauma	Strategy using key principles	Notes
A nurse snaps at the patient and is heard yelling, "You will not talk to me like that. I will not tolerate your behavior".	 Unprofessional Difficult to work with Needs Medication 	Staff may be trauma survivors themselves or have experienced vicarious trauma due to the nature of their work. This can impact their ability to regulate emotions or cope with stress	Safety: check- in with the nurse Peer Support: Regular and predictable check-ins Empowerment: include staff in bringing TI training Trust and Transparency: Create clear, consistent expectations	Foster strength & capacity building: What strengths or protective factors does the nurse have to help her through these challenges?

Safety

Collaboration & mutuality

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TRAUMA-RESPONSIVE Perinatal LEADERSHIP

Secondary Traumatic Stress Prevention

Trauma support is

intentional and

ongoing

How can

recognize it?

Support your team

- Provide trainings that raise awareness of secondary traumatic stress.
- Offer opportunities for staff to explore their own stress responses.
- Host regular meetings to address feelings regarding difficult patient interactions.
- Encourage & incentivize physical activity, yoga, art, meditation





Know the signs

PTSD - An Acute Distress Disorder

- Lastina >30 days Back in the moment of an event
- **Nightmares**
- Avoidant habits
- Negative thoughts
- Hyperarousal such as panic attacks, not feeling psychologically safe

This is a SHARED

(American Psychiatric Association, DSM V, 2013)



Frequent Questions and Reframes:

Trauma is inevitable in our specialty. How do I get my nurses to understand that?

What responsibility does an individual have to address their own trauma?

responsibility. It is difficult to address

trauma and many people will benefit from a supportive environment that encourages them and provides resources.

Your Question:

Lack of understanding is not the issue.

Nurses are keenly aware of the trauma they see in the work. This isn't a matter of "toughening up."



TRAUMA-RESPONSIVE Derivatal LEADERSHIP

The Research on Supporting Your Staff

What can you put in

place first?

System-Wide Supports:

- Preventative Measures:
 - Wellness programs
 - Trauma education
 - o Breaking the silence on obstetric violence
 - Normalizing debriefs
 - Destigmatizing counseling
- Responsive Offerings:
 - o Immediately encourage time away from unit
 - o Provide a peaceful location for recovery
 - Resource a confidential debrief available 24/7
 - o Provide extra days off after a traumatic event
 - Sync with hospital-based counselor
 - Provide extra staffing resources
 - o Provide referrals to employee counseling (free)



- **Designated space** (not multi-use)
- Peaceful area (ideas: calming art work, fountain, white noise machine, soft lighting, essential oils, massage tools, comfortable seating, guided meditations, neuro drill reminders)
- **Encourage breaks in this space** (don't restrict its use)

This is a workforce issue! Institutional support is significantly associated with reduced absenteeism and turnover intention and increased resilience.





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hank you!

