

TRAUMA-RESPONSIVE LEADERSHIP

Perinatal



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



Intrusive symptoms may be most common

Effects of Trauma on Staff

Disrupts memory, processing & communication



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

Anxiety, depression
Chronic physical health conditions



Negative self talk
Guilt, helplessness

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



Stress Responses

Automatic reactions, unconscious behaviors



FIGHT

Yelling
Controlling
Glaring

FAWN

Pleasing
Agreeable

FREEZE

Feeling Stuck

FLIGHT

Restless
Disassociate



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

Sequence of Engagement

(Bruce D. Perry, 3 Rs)

prioritize
safety & connection



Reason is where learning and critical thinking happens

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

Regulate with rhythm, drills, ground in truths



FOSTER ENGAGEMENT, RETENTION, & HEALING WITH A

Trauma-Informed Approach

Moving past stereotypes means holding each other accountable

Safety physical and psychological

Collaboration & mutuality disrupt power dynamics

Voice & choice



Cultural, historical & gender issues

Trustworthiness consistently earn the trust of your team

Peer support



How are you?
What do you need right now?

Consistently validate and acknowledge the individual

Clear and transparent communication



(Huang et al., SAMHSA, 2014)



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".	<ul style="list-style-type: none"> • 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	<p>Safety: check-in with the nurse</p> <p>Peer Support: Regular and predictable check-ins</p> <p>Empowerment: include staff in bringing TI training</p> <p>Trust and Transparency: Create clear, consistent expectations</p>	Foster strength & capacity building: What strengths or protective factors does the nurse have to help her through these challenges?

Safety

Collaboration & mutuality

Voice & choice

Cultural, historical & gender issues

Trustworthiness

Peer support



6 Key Principles
OF A TRAUMA-INFORMED APPROACH



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Secondary Traumatic Stress Prevention

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

Trauma support is intentional and ongoing



Could it be serious?

PTSD symptoms is a time to refer for help



Know the signs

PTSD – An Acute Distress Disorder

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

(American Psychiatric Association, DSM V, 2013)

How can I recognize it?

Frequent Questions and Reframes:

These tools can be used for everyone!

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?

This is a SHARED responsibility.

It is difficult to address trauma and many people will benefit from a supportive environment that encourages them and provides resources.

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."

Your Question:



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The Research on Supporting Your Staff

System-Wide Supports:

• Preventative Measures:

- Wellness programs
- Trauma education
- Breaking the silence on obstetric violence
- Normalizing debriefs
- Destigmatizing counseling

• Responsive Offerings:

- Immediately encourage time away from unit
- Provide a peaceful location for recovery
- Resource a confidential debrief available 24/7
- Provide extra days off after a traumatic event
- Sync with hospital-based counselor
- Provide extra staffing resources
- Provide referrals to employee counseling (free)

What can you put in place first?
!!



Regulate & Recover Area

- **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.

(Crawford & Williams, 2024; Naiman-Sessions et al., 2017; Xu et al., 2023)

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Thank you!

