

Professionals Need Care Too

The Impact Of Trauma and Fostering Resilience In The Healthcare System

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Agenda

I Trauma as a function of memory

II The impact of professional trauma

III Prevention and Resilience



What Is Trauma or PTSD?





Normal Memory

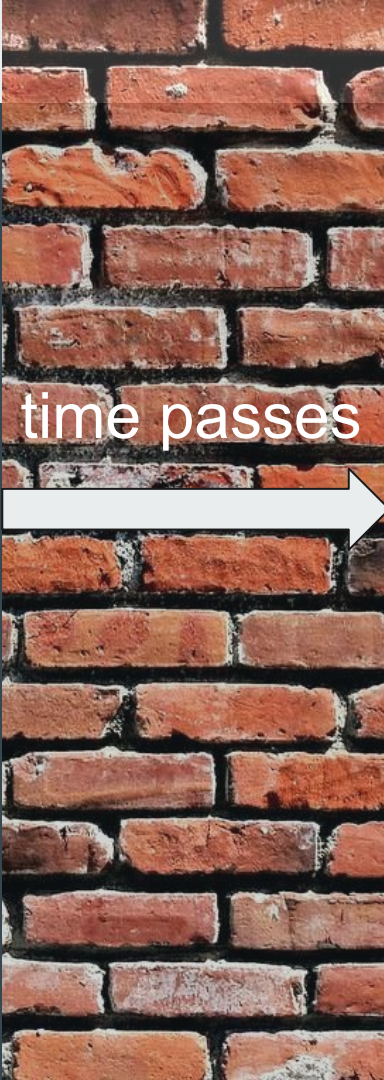
1. Fresh Details-
felt viscerally
2. Details fade
3. Memory becomes
factual-
loses detail and felt
sense



Traumatic Memory

1. Fresh Details-*felt viscerally or numbed*
2. Details do not fade
3. Memory stays vivid-*in felt senses*





Disturbing
Experience

New experiences

New memories

Growth

Learning



Traumatic Memory



What Is Secondary Traumatic Stress?

- Is a normal response to caring for someone who experiences a traumatic event
- Often gets called “burn out”
- Stress from helping or wanting to help

Beck, C. T., Driscoll, J., & Watson, S. (2013)

(Tirgari, Forouzi, & Ebrahimpour, 2018)



Do I Have Professional Trauma?

- Secondary Traumatic Stress Scale
- Compassion Fatigue Scale-Revised
- Impact of Event Scale- Revised

Flashbacks impact provider health and relationships...
and treatment decisions.





III. Impact of Trauma



Current State of PTSD related care for Physicians

33% of respondents were positive for PTSD currently

55% of respondents had ever received any information, education or training about PTSD

Only 13% of respondents ever sought treatment

(Luftman et al 2016)



Professional Impact

- 2x more likely to consider quitting
- Increase in burnout scores
- Decrease in compassion satisfaction
- Higher rates of absenteeism

(Sheepstra 2020, Tigaro 2018)



Almost 2x as likely to consider quitting

60% of providers with likely PTSD considered quitting work “often”

(Scheepstra et al 2020)



Professional Impact

- -increase in “defensive practice”
- -lower job satisfaction
- -emotional exhaustion
- -depersonalisation

(Sheepstra 2020, Slade et al 2020)



Physical Health Impact

- Hypothyroidism
- Chronic pain
- Gastro health
- Cardio-respiratory health
- Inflammation

(Pacella, Hruska, & Delahanty, 2013) (Jung, et al., 2018)



Relational Impact

- Increased irritability
- Feelings of isolation
- Easily overwhelmed
- Emotionally numb or disconnected
- Damaging self-soothing or coping attempts



Indicators of acute stress reactions^{16,17}

Physical	Behavioural	Emotional	Cognitive
Palpitations	Avoidance	Numbness	Poor concentration
Nausea, low appetite	Recklessness	Anxiety	Intrusive thoughts
Chest pain	Detachment	Low mood	Flashbacks
Headaches	Withdrawal	Anger, fear	Poor memory
Abdominal pains	Irritability	Mood swings	Confusion
Insomnia	Drug or alcohol use	Anhedonia	Hyper vigilance
Hyperarousal	Conflict with others	Low confidence	Rumination

(Walton, Murray and Christian, 2020)



Symptoms of Trauma

1 Somatic Invasive re-experiencing

- Could be outside of awareness

2 Avoidance

- Presentation, Location, Somatic “cues”

Symptoms of Trauma

3. Negative Beliefs

- Guilt, powerlessness, responsibility

4. Dissociation

- **Can look a lot like depression**
- Numb, blank, disconnected from emotional or physical senses
- Use of substances to physically or emotionally numb

Symptoms of Trauma

5. Arousal**

- **Can look a lot like anxiety**
- “Hyper-vigilance” - can be rigidity, perfectionism, or OCD traits
- Can look like anger
- An overactive nervous system
- Sleep disorders are common
- Use of medicinal or substance support

What Is Secondary Traumatic Stress?

- Is a normal response to caring for someone who experiences a traumatic event
- Often gets called “burn out”
- Stress from helping or wanting to help

Beck, C. T., Driscoll, J., & Watson, S. (2013)

What Are Symptoms of STS?

- Flashbacks and intrusions
- Somatic response to cues (includes work)
- Sleep or concentration disruption
- Avoidant or numb (if you cannot avoid)

Beck, C. T., Driscoll, J., & Watson, S. (2013)

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STS compared to PTSD

Hyperarousal:

- Divided into Anxious or Dysphoric

Symptoms of Affect:

- Divide into positive and negative

Mordeno, I. G., Go, G. P., & Yangson-Serondo, A. (2017)

STS compared to PTSD

A new criteria

- “Externalized, self-initiated impulse and control-deficit behaviors”

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Mordeno, I. G., Go, G. P., & Yangson-Serondo, A. (2017)

Do I Have STS?

- Secondary Traumatic Stress Scale
- Compassion Fatigue Scale-Revised

Flashbacks impact provider health and relationships...
and treatment decisions.

Impact of Untreated Trauma

The nature of our brain's trauma response means that we are no longer responding to the picture in front of us.

- Person
- Patient

Tension for Providers (Patterson et al 2019)

- Responsibility to maintain *Vigil of Care* for safety
- Lack of support to do more than maintain a *Vigil of Care*
- A deep wish to engage with **Care as a Gift**

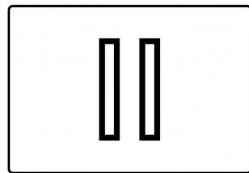
“Torn in Two”

The Impasse

*You enter into this field to care...
Caring adds to the wear and tear*

**Do you leave your job?
Or do you leave yourself?**

Pause



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In our training we were taught how to do
the work of caring but we were not
taught how to carry the weight of it...

-Krysta Dancy MFT

Systemic Support of Resilience

Systemic Prevention-Poppy Programme

- Educational workshop
- Informational leaflet
- Peer support
- Access to trauma-informed psych intervention

(Slade et al 2018)

Poppy Programme Outcomes 6 months later

- Significantly higher job satisfaction
- Decrease in stress related job absenteeism (12% to 5%)
- Decrease in clinical allocation changes (10% to 5%)
- Decrease in considering leaving midwifery (34% to 27%)

(Slade et al 2018)

Poppy Programme Outcomes 6 months later

- Increased confidence in recognizing and managing early trauma responses in themselves and their colleagues
- Reduced levels of PTSD symptomatology
- Fewer midwives reported sub-clinical levels of PTSD
- Decreased depersonalization levels 33% to 20%

(Slade et al 2018)

Evidence Supported Interventions for Workplace Trauma

- EMDR
- CISP
- Debriefing*



Critical Incident Support Program
(CISP)

CISP.DancyPerinatal.Com

Membership or Self-Referral Model

- 1. Trauma Education**
- 2. 6 Week CNS Informed Program
(telehealth specialists)**
- 3. Ongoing Support**

Workplace Cohesion- A Factor Of Staff Resilience

- Protective against PTSD
- Workplace cohesion, interpersonal support, sense of community all factor in the likelihood of a professional to “burn out”
- Telling your story



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Outside of Work: Research Supported Coping Strategies

- Support system outside work
- Exercise
- Meditation
- Hobbies

(Hinderer, et al., 2014)

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Tools for coping that works

- Bilateral (next section)
- Journaling
- Spiritual discipline: especially ritual, routine or communal



Sleep- First Line Treatment

“Clinicians need to consider that the chronic sleep disruption associated... may affect the efficacy of first-line PTSD treatments, but targeted sleep treatments may accelerate recovery from PTSD.”

-Anne Germain, PhD

-(Implications for sleep disturbing work?)

Teach Staff To Recognize Early Stage Trauma

Windows of Plasticity for PTSD

Brain-informed intervention in early stages can be protective against PTSD later.

-72 hours

-4-6 weeks

The “Fs” of a Trauma Response

Fight

Flight

Faint

Freeze

Fawn



Early-Immediate Signs of PTSD

- Shock
- Amnesia
- Flattened affect*
- Avoidant
- Extreme uncontrollable emotional outbursts

Early Signs of PTSD

- Sleep disruption
- Jittery
- Somatic or memory flashbacks
- Exaggerated startle response
- Uncontrollable crying or emotional numbness

Best Practices- Staff Resilience

1. Teach professionals to recognize and understand early trauma symptoms
2. Give them access to down-regulation after a bad outcome
 - a. On-site
 - b. Sleep
 - c. Time off
3. Increase access and decrease barriers to evidence supported intervention
 - a. Affordable, immediate and evidence supported
 - b. Remove gatekeepers
 - c. Reduce stigma
4. Improve workplace cohesion and support



Summary

- Trauma is a central nervous system response.
- People are resilient if given what their brains and bodies need to process
- It is persistent/ chronic without trauma-informed support
- It is **highly** treatable



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References

Beck, C. T., Driscoll, J., & Watson, S. (2013). *Traumatic childbirth*. Abingdon, Oxon: Routledge.

Figley CR (1995), Compassion fatigue as secondary traumatic stress disorder: an overview. In: *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, Figley CR, ed. New York: Brunner/Mazel.

Hinderer, K. A., Vonrueden, K. T., Friedmann, E., Mcquillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, Compassion Fatigue, Compassion Satisfaction, and Secondary Traumatic Stress in Trauma Nurses. *Journal of Trauma Nursing*, 21(4), 160-169.

doi:10.1097/jtn.0000000000000055

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Hinderer, K. A., Vonrueden, K. T., Friedmann, E., Mcquillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, Compassion Fatigue, Compassion Satisfaction, and Secondary Traumatic Stress in Trauma Nurses. *Journal of Trauma Nursing*, 21(4), 160-169.
doi:10.1097/jtn.0000000000000055

Jung, S. J., Kang, J. H., Roberts, A. L., Nishimi, K., Chen, Q., Sumner, J. A., . . . Koenen, K. C. (2018). Posttraumatic stress disorder and incidence of thyroid dysfunction in women. *Psychological Medicine*, 1-10. doi:10.1017/s0033291718003495

Mordeno, I. G., Go, G. P., & Yangson-Serondo, A. (2017). Examining the dimensional structure models of secondary traumatic stress based on DSM-5 symptoms. *Asian Journal of Psychiatry*, 25, 154-160. doi:10.1016/j.ajp.2016.10.024

Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review. *Journal of Anxiety Disorders*, 27(1), 33-46.
doi:10.1016/j.janxdis.2012.08.004

Pearlman LA (1996), Psychometric review of TSI Belief Scale Revision L. In: *Measurement of Stress, Trauma and Adaptation*, Stamm BH, ed. Lutherville, Md.: Sidran Press.

Tirgari, B., Forouzi, M. A., & Ebrahimpour, M. (2018). Relationship Between Posttraumatic Stress Disorder and Compassion Satisfaction, Compassion Fatigue, and Burnout in Iranian Psychiatric Nurses. *Journal of Psychosocial Nursing and Mental Health Services*, 57(3), 39-47.
doi:10.3928/02793695-20181023-02

Abdollahpour, S., Khosravi, A., Motaghi, Z., Keramat, A., & Mousavi, S. A. (2019). Effect of Brief Cognitive Behavioral Counseling and Debriefing on the Prevention of Post-traumatic Stress Disorder in Traumatic Birth: A Randomized Clinical Trial. *Community Mental Health Journal, 55*(7), 1173-1178. doi:10.1007/s10597-019-00424-6

Aftyka, A., Rozalska, I., & Milanowska, J. (2020). Is post-traumatic growth possible in the parents of former patients of neonatal intensive care units? *Annals of Agricultural and Environmental Medicine, 27*(1), 106-112. doi:10.26444/aaem/105800

Beck, C. T., Driscoll, J. W., & Watson, S. (2013). *Traumatic childbirth*. Abingdon: Routledge.

Berthelot, N., Lemieux, R., Garon-Bissonnette, J., Drouin-Maziade, C., Martel, É, & Maziade, M. (2020). Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic. *Acta Obstetricia Et Gynecologica Scandinavica, 99*(7), 848-855. doi:10.1111/aogs.13925

Chiorino, V., Cattaneo, M. C., Macchi, E. A., Salerno, R., Roveraro, S., Bertolucci, G. G., . . . Fernandez, I. (2019). The EMDR Recent Birth Trauma Protocol: A pilot randomised clinical trial after traumatic childbirth. *Psychology & Health, 35*(7), 795-810. doi:10.1080/08870446.2019.1699088

Creedy, D. K., & Gamble, J. (2015). A third of midwives who have experienced traumatic perinatal events have symptoms of post-traumatic stress disorder. *Evidence Based Nursing, 19*(2), 44-44. doi:10.1136/eb-2015-102095

Daniels, E., Arden-Close, E., & Mayers, A. (2020). Be Quiet and Man Up: A Qualitative Questionnaire Study into Fathers Who Witnessed Their Partner's Birth Trauma. doi:10.21203/rs.2.16974/v4

Esaki, N., Benamati, J., Yanosy, S., Middleton, J. S., Hopson, L. M., Hummer, V. L., & Bloom, S. L. (2013). The Sanctuary Model: Theoretical Framework. *Families in Society: The Journal of Contemporary Social Services, 94*(2), 87-95. doi:10.1606/1044-3894.4287

Fowler, C., Green, J., Elliott, D., Petty, J., & Whiting, L. (2019). The forgotten mothers of extremely preterm babies: A qualitative study. *Journal of Clinical Nursing, 28*(11-12), 2124-2134. doi:10.1111/jocn.14820

Garfield, L., Holditch-Davis, D., Carter, C. S., Mcfarlin, B. L., Seng, J. S., Giurgescu, C., & White-Traut, R. (2019). A Pilot Study of Oxytocin in Low-Income Women With a Low Birth-Weight Infant. *Advances in Neonatal Care, 19*(4). doi:10.1097/anc.0000000000000601

Grekin, R., & Ohara, M. W. (2014). Prevalence and risk factors of postpartum posttraumatic stress disorder: A meta-analysis. *Clinical Psychology Review*, 34(5), 389-401. doi:10.1016/j.cpr.2014.05.003

Kjeldgaard, H. K., Vikanes, Å, Benth, J. Š, Junge, C., Garthus-Niegel, S., & Eberhard-Gran, M. (2018). The association between the degree of nausea in pregnancy and subsequent posttraumatic stress. *Archives of Women's Mental Health*, 22(4), 493-501. doi:10.1007/s00737-018-0909-z

Matvienko-Sikar, K., Meedya, S., & Ravaldi, C. (2020). Perinatal mental health during the COVID-19 pandemic. *Women and Birth*, 33(4), 309-310. doi:10.1016/j.wombi.2020.04.006

Molloy, E., Biggerstaff, D., & Sidebotham, P. (2020). A phenomenological exploration of parenting after birth trauma: Mothers perceptions of the first year. *Women and Birth*. doi:10.1016/j.wombi.2020.03.004

Morton, C. H., & Simkin, P. (2019). Can respectful maternity care save and improve lives? *Birth*, 46(3), 391-395. doi:10.1111/birt.12444

Roberts, L., Davis, G. K., & Homer, C. S. (2019). Depression, Anxiety, and Post-traumatic Stress Disorder Following a Hypertensive Disorder of Pregnancy: A Narrative Literature Review. *Frontiers in Cardiovascular Medicine*, 6. doi:10.3389/fcvm.2019.00147

Ravaldi et al 2023**

Schechter, R., Pham, T., Hua, A., Spinazzola, R., Sonnenklar, J., Li, D., . . . Milanaik, R. (2019). Prevalence and Longevity of PTSD Symptoms Among Parents of NICU Infants Analyzed Across Gestational Age Categories. *Clinical Pediatrics*, 59(2), 163-169. doi:10.1177/0009922819892046

Silverstein, R. G., Centore, M., Pollack, A., Barrieau, G., Gopalan, P., & Lim, G. (2018). Postpartum psychological distress after emergency team response during childbirth. *Journal of Psychosomatic Obstetrics & Gynecology*, 40(4), 304-310. doi:10.1080/0167482x.2018.1512095

Slade, P., Balling, K., Sheen, K., Goodfellow, L., Rymer, J., Spiby, H., & Weeks, A. (2020). Work-related post-traumatic stress symptoms in obstetricians and gynaecologists: Findings from INDIGO, a mixed-methods study with a cross-sectional survey and in-depth interviews. *BJOG: An International Journal of Obstetrics & Gynaecology*, 127(5), 600-608. doi:10.1111/1471-0528.16076

Slade, P., West, H., Thomson, G., Lane, S., Spiby, H., Edwards, R., . . . Weeks, A. (2020). STRAWB2 (Stress and Wellbeing After Childbirth): A randomised controlled trial of targeted self-help materials to prevent post-traumatic stress disorder following childbirth. *BJOG: An International Journal of Obstetrics & Gynaecology*, 127(7), 886-896. doi:10.1111/1471-0528.16163

Sommerlad, S., Schermelleh-Engel, K., Raddatz, L. M., Louwen, F., & Oddo-Sommerfeld, S. (2019). The impact of perceived control during delivery in the context of traumatic birth-experience. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 234. doi:10.1016/j.ejogrb.2018.08.526

Suzuki, S. (2020). Psychological status of postpartum women under the COVID-19 pandemic in Japan. *The Journal of Maternal-Fetal & Neonatal Medicine*, 1-3.
doi:10.1080/14767058.2020.1763949

Jameton A. Dilemmas of moral distress: moral responsibility and nursing practice. *Clin Issues Perinat Womens Health Nurs* 1993;4:542–51.

Wilkinson JM. Moral distress in nursing practice: a labour and delivery nurse's experience. *J Obstet Gynecol Neonatal Nurs* 1989;23(1):16–29

Mareš, J. (2016). Moral distress: Terminology, theories and models. *Kontakt*, 18(3).
doi:10.1016/j.kontakt.2016.07.001

KIEFER, Miranda & MEHL, Rebecca & VENKATESH, Kartik & COSTANTINE, Maged & Rood, Kara. (2020). High frequency of posttraumatic stress symptoms among U.S. obstetric and gynecologic providers during the COVID-19 pandemic. *American Journal of Obstetrics and Gynecology*. 224. 10.1016/j.ajog.2020.12.1211.

Bride, B. E., Hatcher, S. S., & Humble, M. N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. *Traumatology*, *15*(2), 96–105.
<https://doi.org/10.1177/1534765609336362>

Trauma Among Psychiatric Workers. (n.d.). *Trauma among psychiatric workers*. Retrieved 9/26/2024 from <https://www.traumaamongpsychiatricworkers.net/>

Shora S, Stone E, Fletcher K. Substance use disorders and psychological trauma. *Psychiatric Bulletin*. 2009;33(7):257-260. doi:10.1192/pb.bp.108.019554