

WHEN THE HEALER NEEDS HEALING TOO

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BEFORE WE START



Learning Objectives

- Participants will be able to critique how their own trauma experiences formed their personal relational style and coping mechanisms and how those may impact, for better or for worse, how they relate to clients.
- Participants will be able to describe a primary paradigm shift needed to reduce stress in their midwifery practice.
- They will be able to identify and design ways to modify their style of care and will develop the beginnings of a personal plan for self-care and stress reduction..

Two Wounded People



Definition of Trauma:

Any neglectful, abusive or violent life events: physical, emotional, spiritual, mental, physical and sexual, which have an impact on a person's ability to relate in a healthy way to others, process personal decisions and interpret or manage emotions and physical sensations.

Trauma can include:

- Childhood Trauma
- Domestic Violence
- Religious Trauma
- Historic Trauma
- Obstetric violence or loss (as patient or midwife)
- Racial and Cultural Trauma
- Immigration Trauma
- War Trauma
- Disaster Trauma
- Vicarious Trauma
- Midwifery practice trauma via patient or Co-worker events and relationships

NIH Study of 1581 Primips

- The study confirmed expected increased rates of PTSD in women who:
- Witnessed domestic violence
- Experienced sexual harassment
- Were in a serious disaster, accident, or war zone
- Had history of childhood or adult sexual abuse.

- An unexpected discovery of the study was that women who had been emotionally abused or neglected, or physically neglected were over 9 times as likely to have current PTSD when pregnant. This challenges our tendency to focus inquiry primarily upon sexual abuse and domestic violence
- (NIH NR0087667 “the STACY project”)



Vulnerable Midwifery Care for Vulnerable Populations.

- Understand trauma
- Listen to others and learn
- Make the perinatal experience a safe time for healing for ALL people
- Guard against re-traumatization of your client AND yourself.

**Trauma is relative to the perceptions and coping style of
Both the patient and the provider.
Suspend judgment of both the client AND of
yourself!**



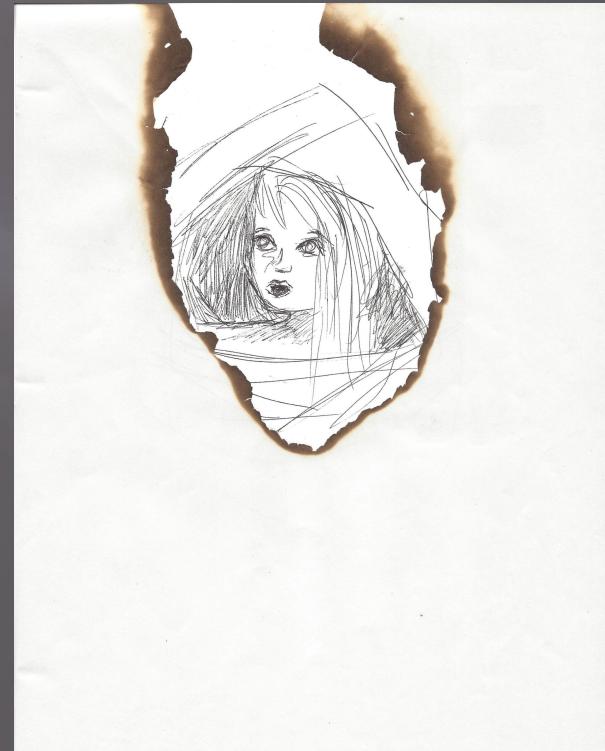
Should We Tell?



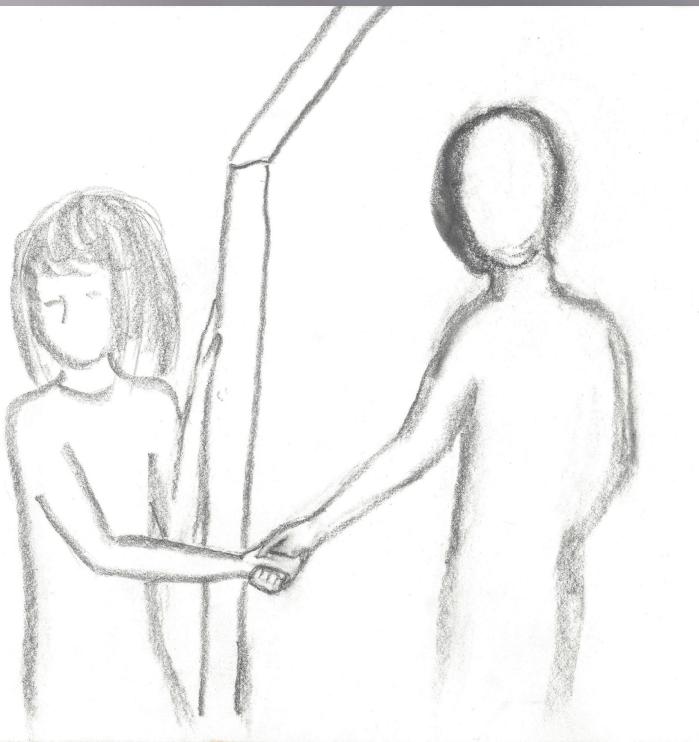
Understanding Dynamics of Abuse and Resulting Compensation Skills



**Very early and frequent abuse:
compliance, eager to please and
dissociative defenses/ hidden control
needs, especially with information.**



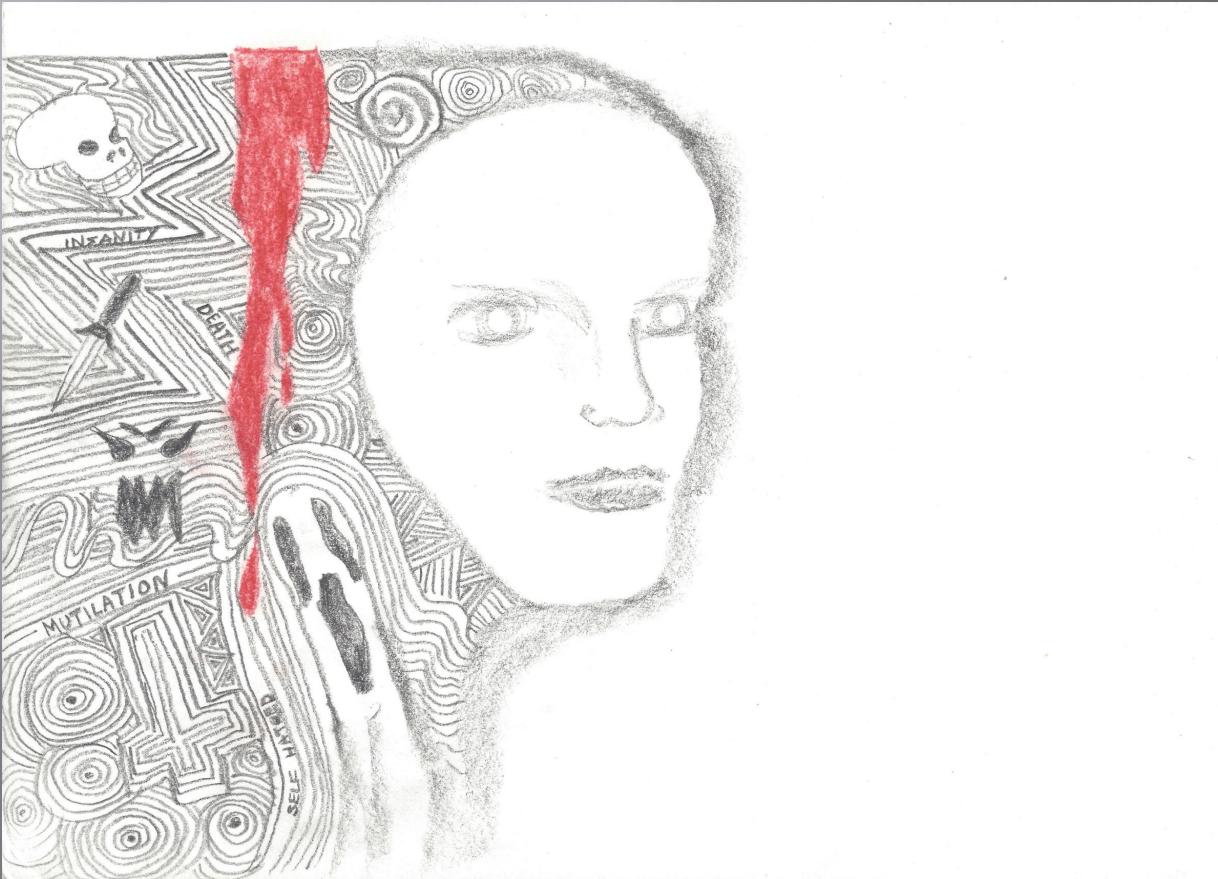
Ongoing abuse that begins age 5-12:
personality disorder, need/defensive
relationships, impaired impulse
control



War and Disaster

-Immediate: PTSD

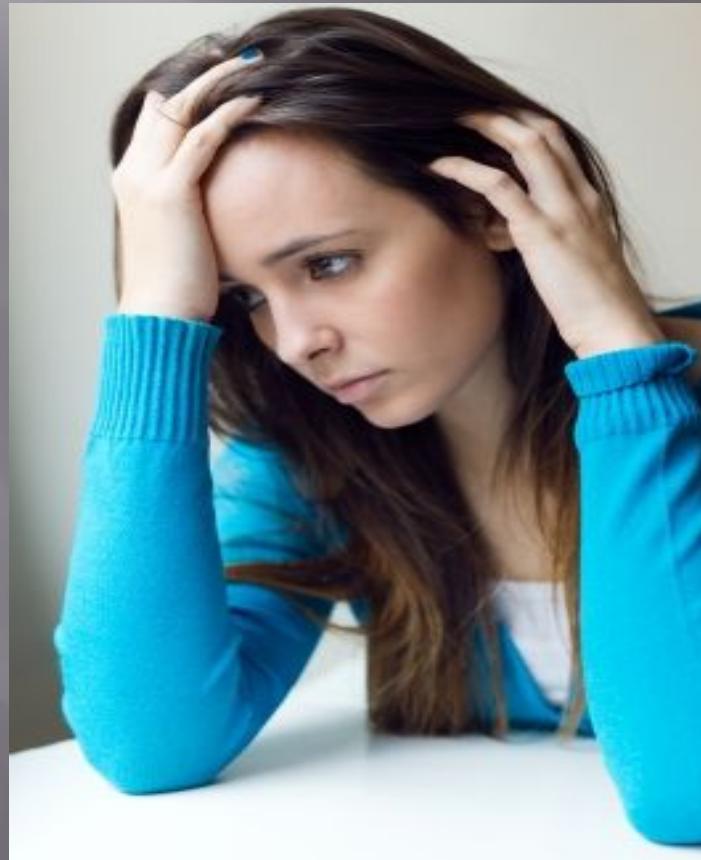
-longer term: adaptive dissociation



**Single event abuse: more likely to result
in anxiety and depressive disorders,
PTSD**



What Challenges Might Trauma-Affected Care Providers Face as We Care for Others?



Triggers



Projecting our own experience,
diagnosis or coping style onto
someone else.



Mistrust of authority



Fear of impending doom



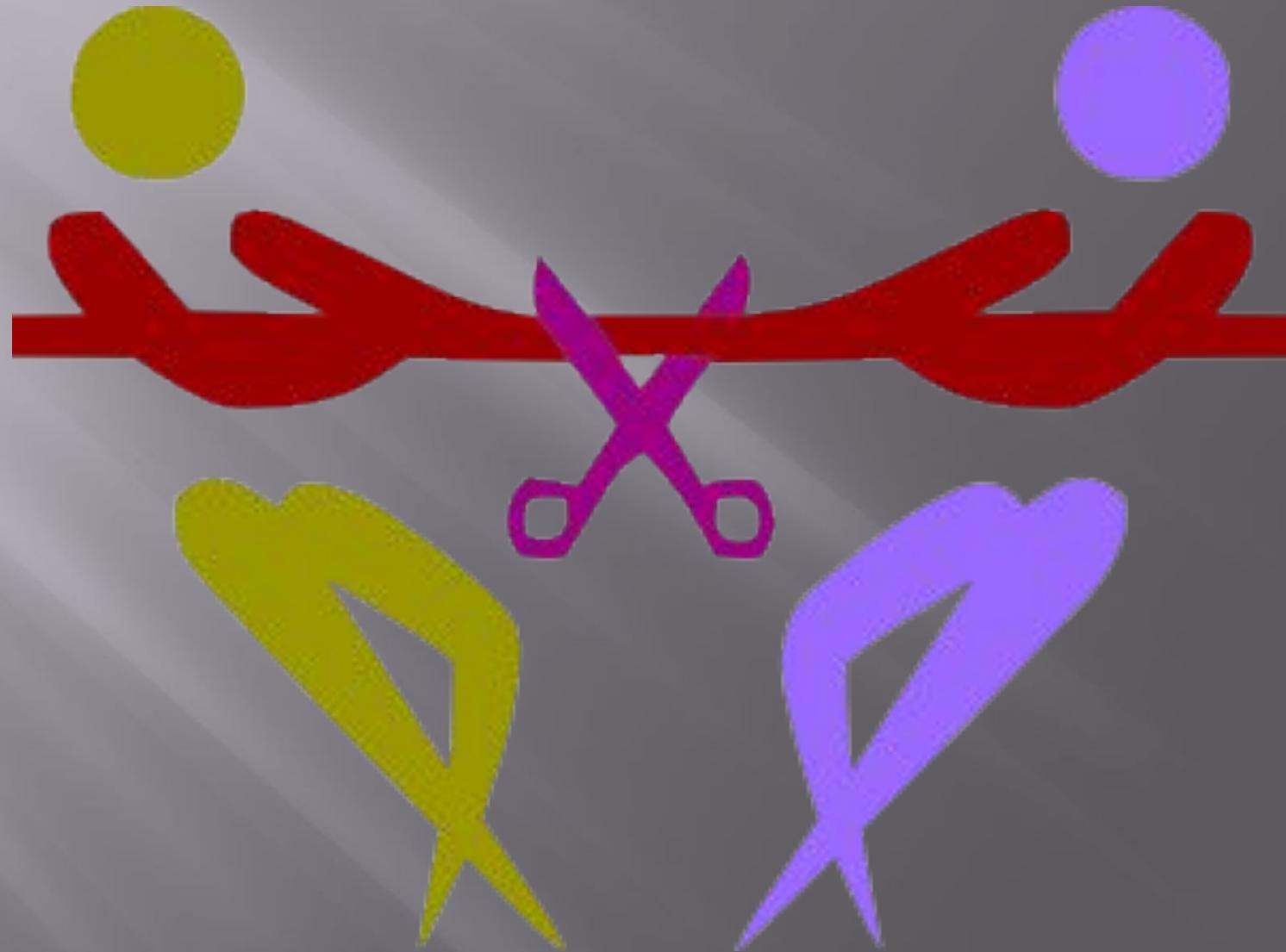
Fear of failure



Relational Patterns



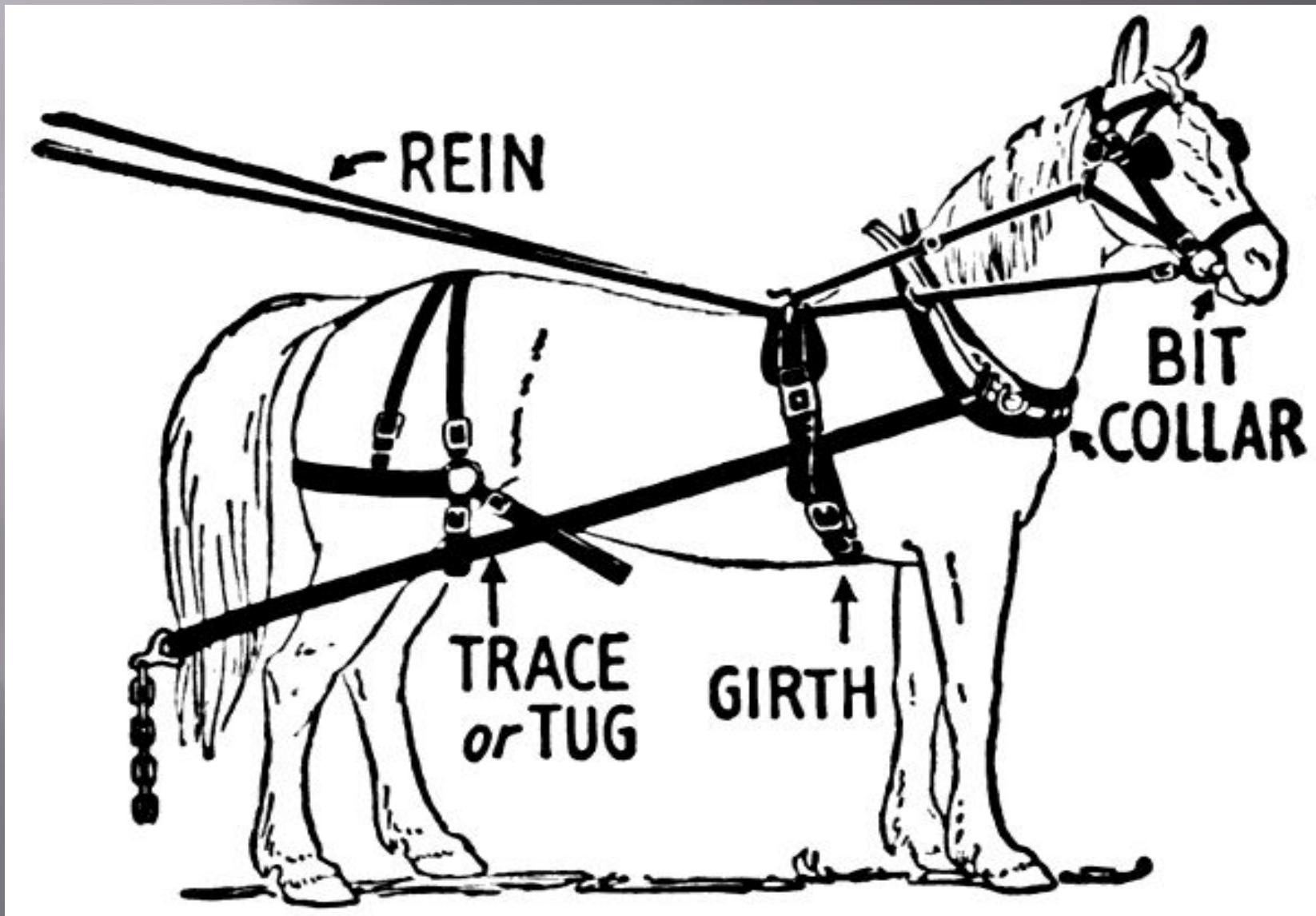
Difficulty bonding



Communication struggles



Control issues



Passive issues

MAID

**PLEASE HAVE
THIS ROOM
MADE UP SOON
AS POSSIBLE**



Touch issues



Rescuing



Blame shifting



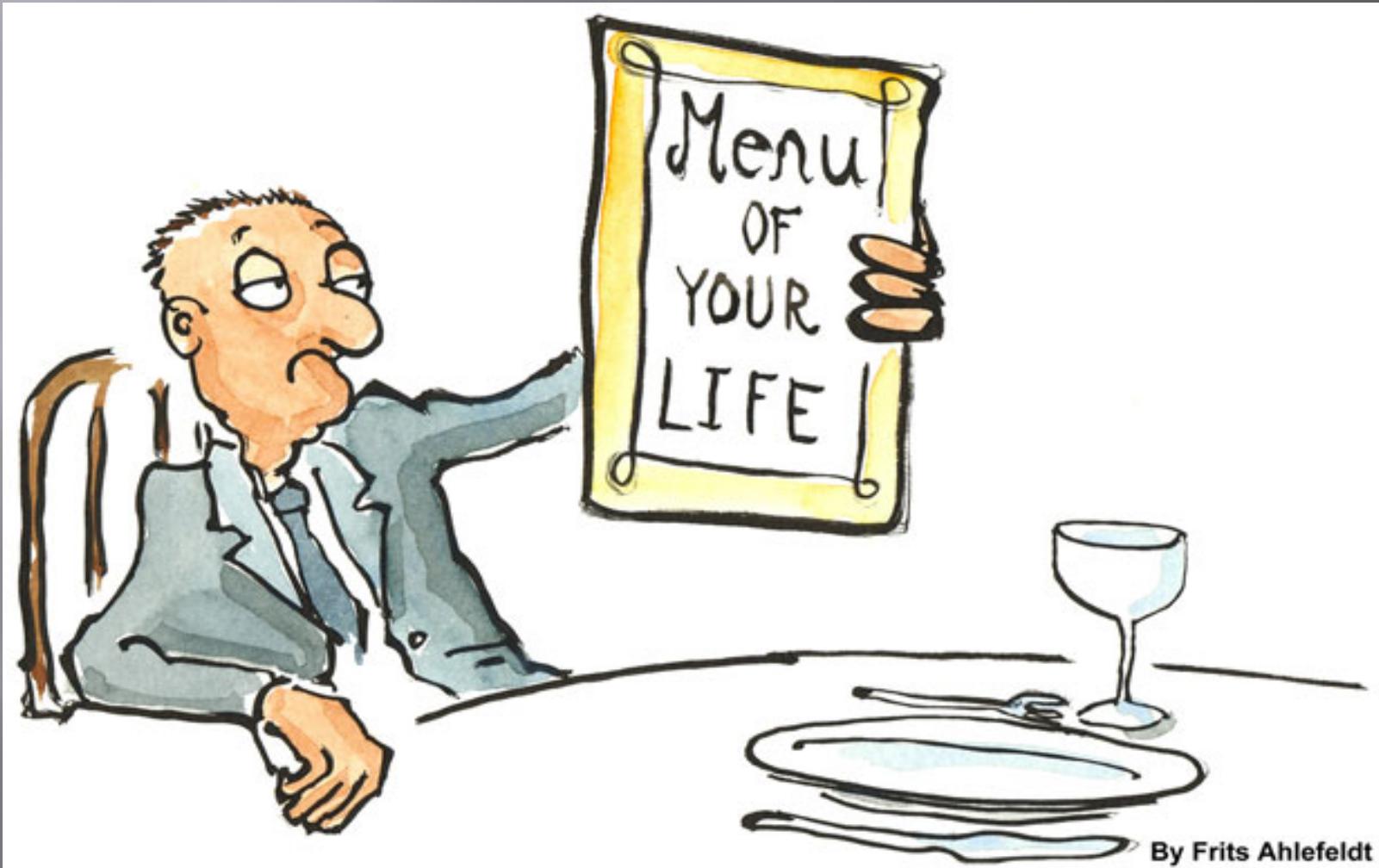
Discussing Sexual issues



Ability to trust our co-worker's judgment



Decision-making



By Frits Ahlefeldt

Ability to live with uncertainties



Ability to Multitask



Ability to cope with little sleep or food



Sense of Accomplishment



Sense of Gratitude



Discussion Time

Bumping into these challenges over and over again can be negatively reinforcing and increase stress in our work with women and with our teammates.

Discuss with others in your small group a need, idea or plan to address one of these areas in your own healing work and life.

Discussion



Study Investigating Patterns of Empathy in Relation to Burnout in General Practitioners.

294 French physicians were studied and one goal was to identify the role of empathy and the role of Perspective Taking as they relate to rates of burn out

BMC Family Practice Journal 2014

DEFINITIONS

Sympathy or Empathy alone: is an emotional attribute that involves feeling a patients' pain and suffering. The goal of sympathy is to *Feel* the patient's emotions more deeply.

Empathy + Perspective Taking: The effort to mentally understand the expressed experiences and perspectives of the patient and the ability to express this understanding back to the patient. It is engaging with the patient experience both on a cognitive and a feeling level, but retaining the capacity to cognitively regulate the feeling component.

As expected the study found that:

Higher levels of sympathy alone significantly increased rates of burnout.

Higher level of perspective taking alone significantly lowered rates of burnout.

Unexpected Finding

Unexpected Finding: A high level of empathy, or sympathy **combined** with perspective taking had the lowest burnout rates and highest rates of physician satisfaction. Therefore empathy is only beneficial when providers also have cognitive perspective taking.

Staying True to Your Calling and Passion



The Path to Resiliency

Escape to safety: Safe place and safe loved ones?



The Path to Resiliency

- Assess your target needs.



The Path to Resiliency

- Learn as much as you can.



The Path to Resiliency

- Make a decisive plan of action.



The Path to Resiliency

Make time to engage purposely in activities and gifts
that bring you positive self-regard



The Path to Resiliency

- Plan to Nourish Yourself. Seek Beauty.



The Path to Resiliency

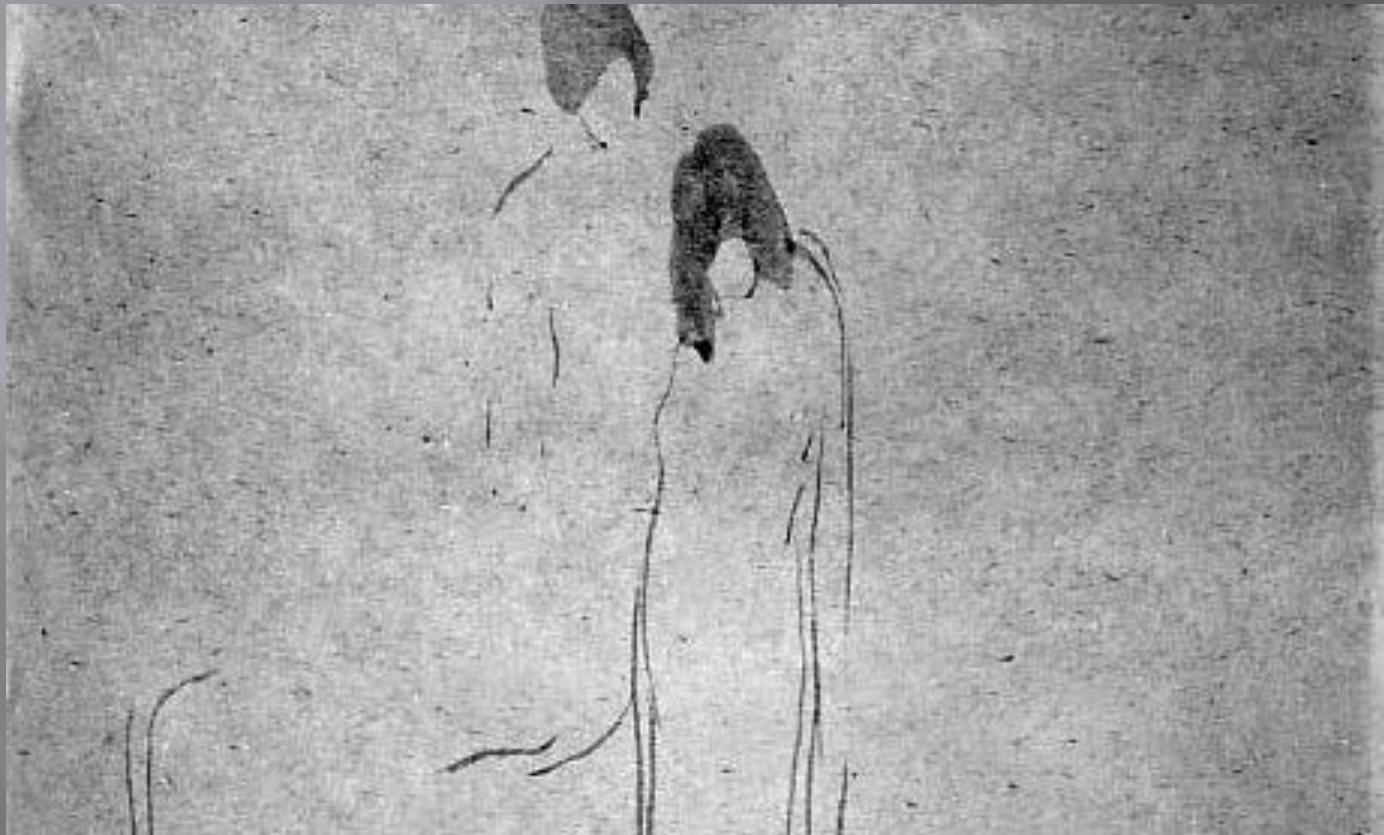
Creative spiritual and meditative practice



Make a Familial Unit out of your team



Work to keep your practice Client-centered



The Path to Resiliency

- Find a Therapist, body worker etc.



The Path to Resiliency

medication when needed.

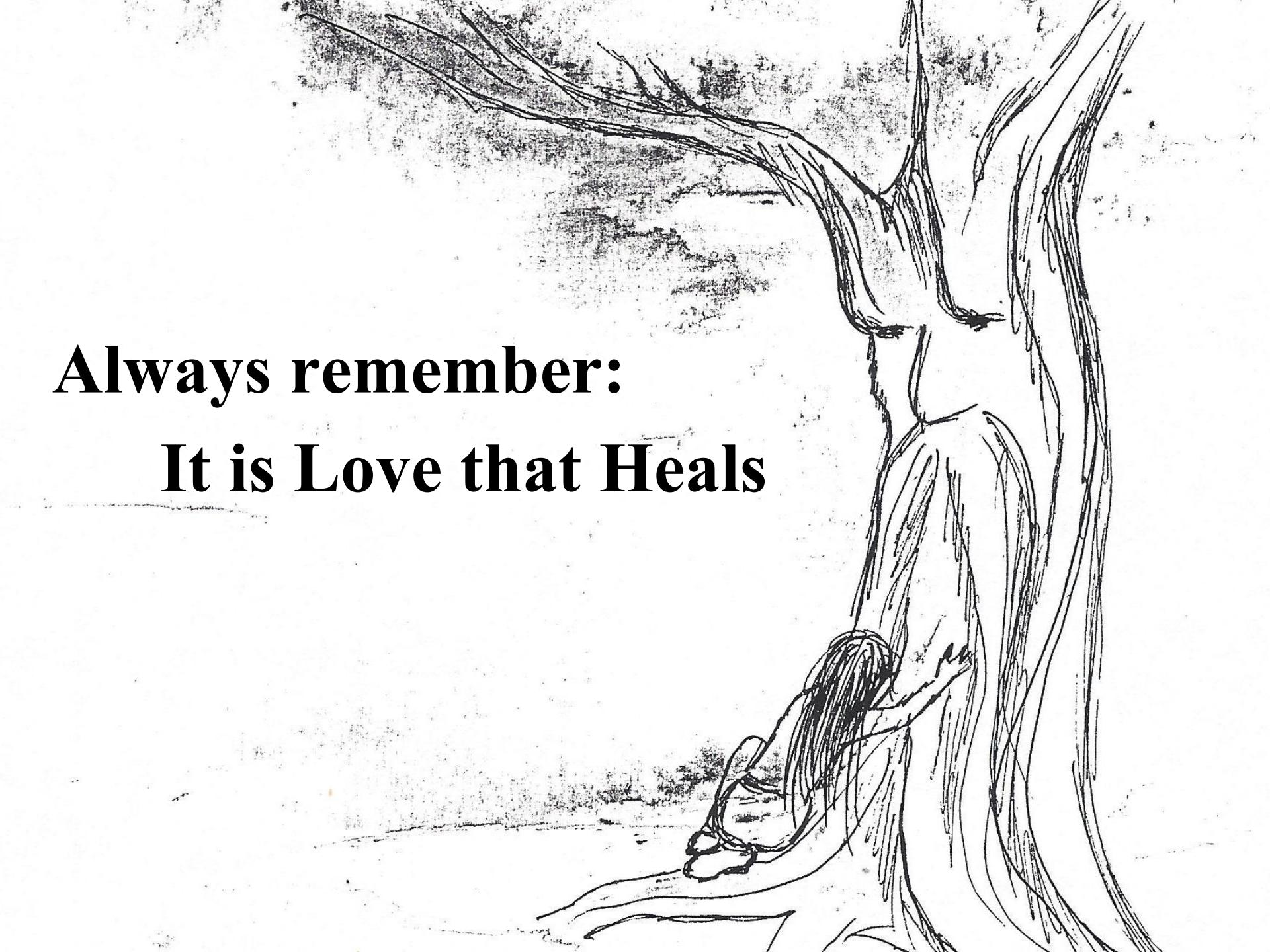


Freely use all the colors that express
who you are.



LIFE IS ABOUT
USING THE
WHOLE BOX
OF CRAYONS.

-RuPaul-



Always remember:
It is Love that Heals