

## Rising Together: Healing & Posttraumatic Growth for Clinicians

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## CE DISCLOSURE

- No relevant financial relationships to disclose
- No commercial support received
- Content is evidence-based & unbiased

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## OBJECTIVES

-  **DESCRIBE**  
the emotional, cognitive and physiological responses that clinicians may experience following rare or serious clinical events
-  **DEFINE**  
the second victim phenomenon and explain its relevance to nurses and healthcare professionals
-  **IDENTIFY**  
factors that promote healing and reduce impact of traumatic experiences.
-  **DISCUSS**  
core components of posttraumatic growth and how these can be cultivated intentionally within healthcare
-  **DISCUSS**  
practical evidence-based strategies to support peers after critical events. Reflect on how team connection and narrative foster a "rising together" culture



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## Second Victim Experience in Perinatal Settings

**Clinician psychological distress following adverse events**

- Common after neonatal loss, maternal emergencies, resuscitations

**Symptoms:**

- Guilt
- Rumination
- Self-doubt
- Sleep-disturbance

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## Why it Matters

~45% of OB/GYN clinicians report second victim experiences

- ~19% report symptoms in prior 12 months
- Associated with psychological distress & turnover risk

Rivera-Chavez et al., 2022

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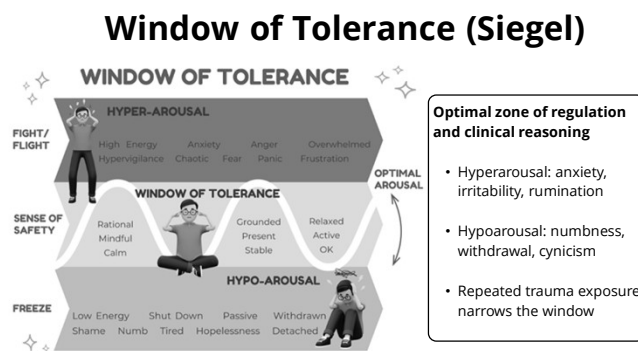
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## Window of Tolerance (Siegel)



**WINDOW OF TOLERANCE**

**HYPER-AROUSAL**  
 FIGHT/FLIGHT: High Energy, Hypervigilance, Anxiety, Chaotic, Anger, Fear, Panic, Overwhelmed, Frustration

**WINDOW OF TOLERANCE**  
 SENSE OF SAFETY: Rational, Mindful, Calm; Grounded, Present, Stable; Relaxed, Active, OK

**HYPO-AROUSAL**  
 FREEZE: Low Energy, Shame, Numb, Tired, Shut Down, Hopelessness, Passive, Withdrawn, Detached

**Optimal zone of regulation and clinical reasoning**

- Hyperarousal: anxiety, irritability, rumination
- Hypoarousal: numbness, withdrawal, cynicism
- Repeated trauma exposure narrows the window

Adapted by KDL Education.com from Dr. David Siegel (1996)

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## Hyperarousal




**Hyperarousal in clinicians may look like:**

**Increased irritability**

- Overreactivity to minor stressors
- Difficulty sleeping after shifts
- Persistent rumination
- Hypervigilance
- Difficulty concentrating

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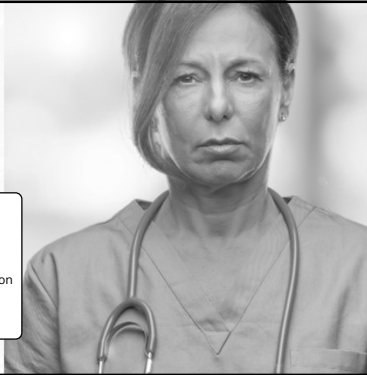
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## Hypoarousal



**Hyperarousal in clinicians may look like:**

- Cynicism
- Withdrawal from patients
- Reduced empathy
- Emotional numbing or flatness
- Feelings of exhaustion or disconnection
- Slowed cognitive processing
- "Going through the motions"

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## How the Window Narrows

**Repeated stress without processing can:**

- Increase baseline cortisol
- Heighten threat detection
- Reduce tolerance for ambiguity
- Increase emotional reactivity
- Cumulative trauma reduces psychological flexibility

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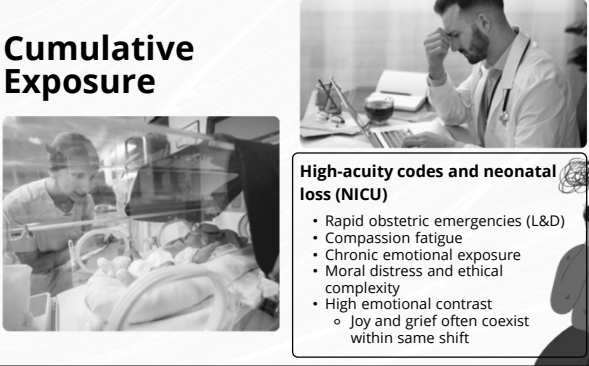
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## Cumulative Exposure



**High-acuity codes and neonatal loss (NICU)**

- Rapid obstetric emergencies (L&D)
- Compassion fatigue
- Chronic emotional exposure
- Moral distress and ethical complexity
- High emotional contrast
  - Joy and grief often coexist within same shift

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## Regulation

- 1 Notice your body
- 2 Are you leaning toward activation (tight, restless) or shutdown (heavy, flat)?
- 3 Take 3 slow breaths
- 4 Place both feet on the floor
- 5 Identify one neutral object in the room



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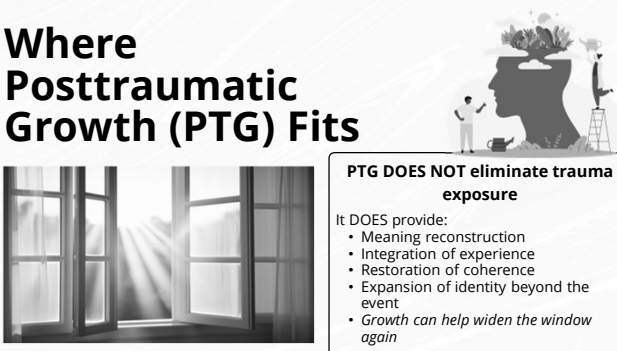
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## Where Posttraumatic Growth (PTG) Fits



**PTG DOES NOT eliminate trauma exposure**

It DOES provide:

- Meaning reconstruction
- Integration of experience
- Restoration of coherence
- Expansion of identity beyond the event
- Growth can help widen the window again

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### The Intersection

*Second Victim + Window of Tolerance + PTG*

**Second Victim → Psychological Injury**

- Window Narrows → Reduced Regulation Capacity
- Structured Reflection → Integration
- Integration → Potential for Growth

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### Defining Posttraumatic Growth

PTG refers to positive psychological change experienced as a result of the struggle with highly challenging circumstances (Tedeschi & Calhoun, 1996)

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### Key Components of PTG



- ✓ Must involve significant life challenge or trauma
- ✓ Growth emerges from the *struggle* with the event
- ✓ Changes are perceived as beyond pre-trauma functioning
- ✓ Growth is subjective--- defined by the individual

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### What Posttraumatic Growth is NOT

- "Trauma is good for you"
- "Just think positive thoughts"
- "Everything happens for a reason"
- "You should be grateful for your suffering"
- "Growth eliminates all psychological distress"



**Reality:**  
Growth and distress can coexist

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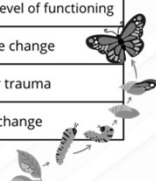
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### Posttraumatic Growth vs. Resilience

Resilience	Posttraumatic Growth
Bouncing back to baseline	Going beyond previous level of functioning
Maintaining stability	Transformative change
Present before trauma	Emerges after trauma
Resistant to change	Embrace of change




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### The Science Behind Growth in Brief



- 30-70% of trauma survivors report growth
- Altered brain connectivity & stress response
- Validated Scales  
PTG Inventory
- Found across diverse populations globally
- Growth persists for years

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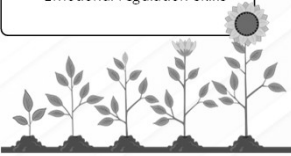
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### Personal Factors that Promote Growth



- Openness to experience
- Optimism and hope
- Active coping strategies
- Emotional regulation skills



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### Cognitive Factors that Promote Growth



- Benefit finding
- Meaning-making ability
- Constructive Rumination

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### Social Factors that Promote Growth



- Social support *quality* (not quantity)
- Disclosure and sharing
- Witnessing others' growth

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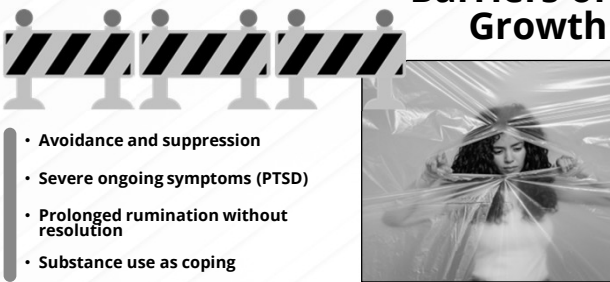
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### Barriers of Growth



- Avoidance and suppression
- Severe ongoing symptoms (PTSD)
- Prolonged rumination without resolution
- Substance use as coping

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### Social & Systemic Barriers



- Poverty & resource limitations
- Lack of support/understanding
- Ongoing stress & instability
- Discouragement to seek help
- Pressure to "get over it"
- Mental health stigma
- Secondary traumatization

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### Hold Space


*For BOTH Suffering & Growth*

**Timing matters**

- Stabilization First
- then growth focused work

**Evidence-based Interventions**

- Cognitive processing therapy
- Narrative therapy approaches
- Group interventions
- Mindfulness-based approaches



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## Supporting Others' Growth



### Helpful Approaches

- Listen without trying to fix
- Validate both pain and strength
- Ask open-ended questions about meaning
- Share appropriate resources
- Be patient with the process



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## Supporting Others' Growth



### Unhelpful Approaches

- Forcing positivity or growth
- Comparing their experience to others
- Minimizing their struggle
- Rushing the timeline
- Making it about your own comfort



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## Evidence-Based Supports for Clinicians



### Peer support programs (e.g., RISE model)

- Structured, psychologically safe debriefing
- Expressive/reflective writing interventions
- Mindfulness-based stress reduction
- Narrative group processing



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## Structured Trauma-Informed Debrief Template

- 1 **Facts** - *What occurred?*
- 2 **Emotional impact** - *How did this affect you? What was hardest for you personally?*
- 3 **Meaning** - *What stands out or challenges you? What belief did this challenge?*
- 4 **Strengths** - *What helped you get through it?*
- 5 **Support** - *What is needed now?*



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## Growth Identification

- Because of this experience, I am more aware of...
- Because of this experience, I am strong in...
- Because of this experience, it matters more now that...
- A new possibility that emerged for me was...



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## Growth Identification

- Has this experience changed how you show up for families?
- Has it changed how you support colleagues?
- Has it changed how you view yourself as a clinician?



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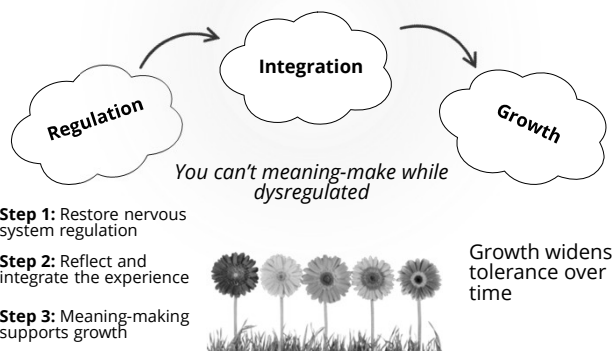
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*You can't meaning-make while dysregulated*

**Step 1:** Restore nervous system regulation

**Step 2:** Reflect and integrate the experience

**Step 3:** Meaning-making supports growth

Growth widens tolerance over time

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**THANK YOU**

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