Trauma Informed Peer Support

Centre for Excellence in Peer Support

Vimeo link: https://vimeo.com/432935662

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# About Keely and the Centre for Excellence in Peer Support

Agenda

- ▶ What Is Trauma?
- ▶ Impacts of Trauma
- ▶ Trauma and Mental Health and Addiction Systems
- ▶ Peer Support & Trauma Informed Care
- ▶ Practices of Trauma Informed Peer Support
- ▶ Vicarious Trauma
- ▶ Trauma Informed Use of Lived Experience
- ▶ Practice Scenarios
- ▶ Recovery and Post Traumatic Growth

Trauma informed practice

Trauma-informed practice means integrating an understanding of past and current experiences of violence and **trauma** into all aspects of service delivery. The goal of **trauma-informed** systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing. **Is** not trauma treatment.

What is Trauma?
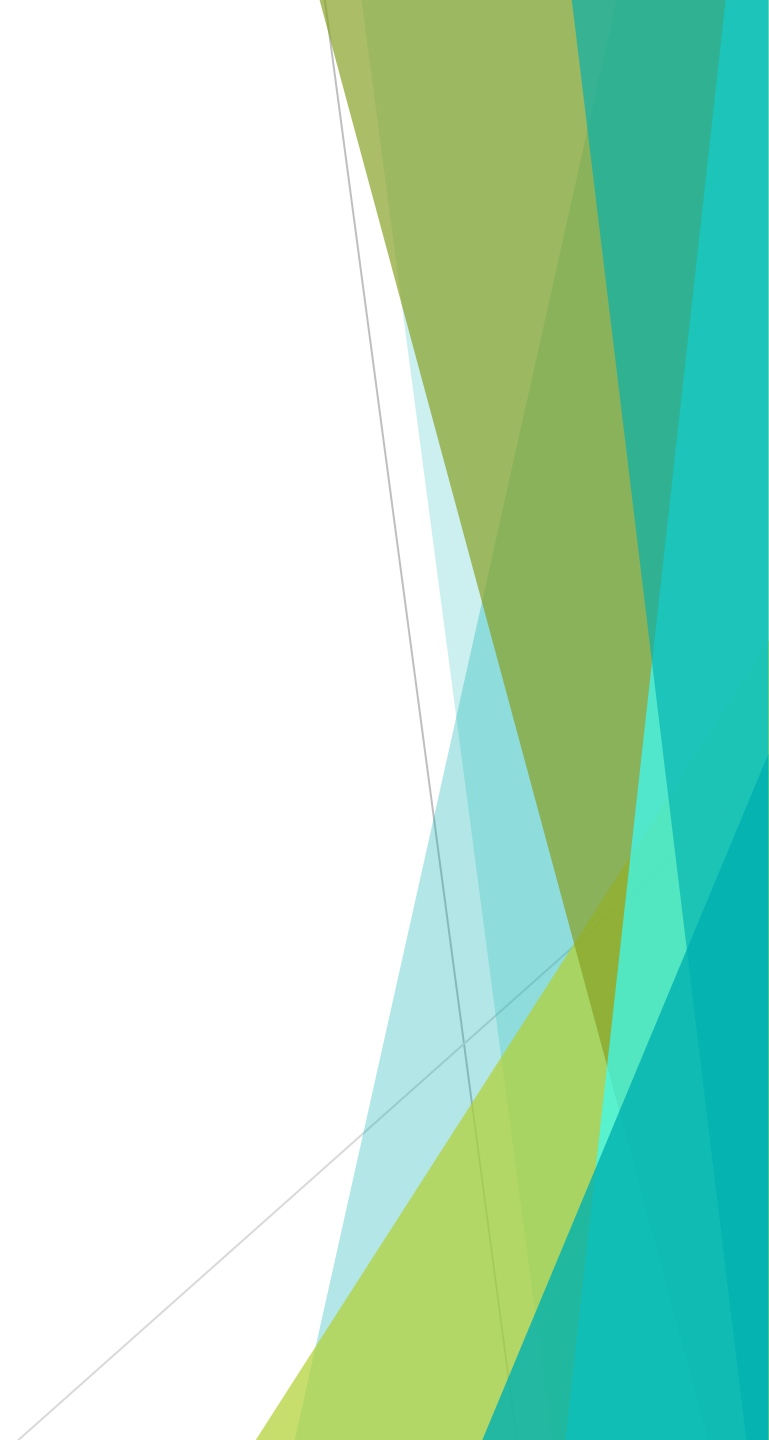
What is Trauma?

- Is an emotional shock that overwhelms our abilities to cope making us go to into fight/flight or freeze response

- Normal response to abnormal situations

- Affects our brain chemistry

- Experincing a trauma can cause mental health distress, that gets labels like PTSD, DID, BPD, addiction
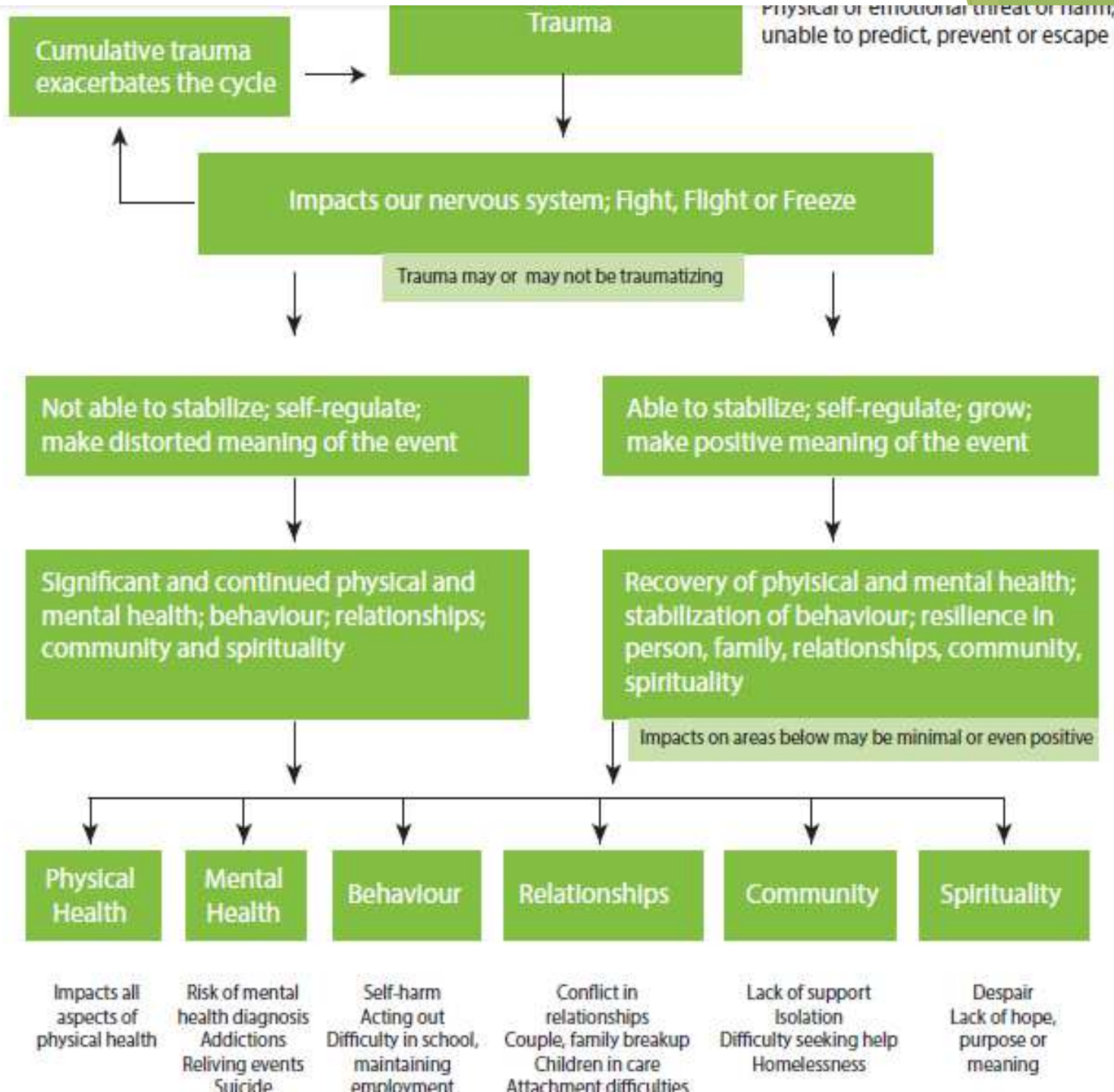
What is Trauma?

▶ The DSM 5 Defines it as...

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. **Direct exposure**

2. **Witnessing, in person**

3. **Indirectly,** by learning that a close relative or close friend was exposed to trauma.

4. **Repeated or extreme indirect exposure to aversive details of the event(s)**

Not all traumatic events = trauma response for everyone
WHY?

```
                                                    Physical or emotional threat or harm;
                               Trauma                unable to predict, prevent or escape

Cumulative trauma        →
exacerbates the cycle

                    ↑
                    │
                    Impacts our nervous system; Fight, Flight or Freeze

                              Trauma may or may not be traumatizing

            ↓                                                    ↓

Not able to stabilize; self-regulate;              Able to stabilize; self-regulate; grow;
make distorted meaning of the event                make positive meaning of the event

            ↓                                                    ↓

Significant and continued physical and             Recovery of phyisical and mental health;
mental health; behaviour; relationships;           stabilization of behaviour; resilience in
community and spirituality                          person, family, relationships, community,
                                                    spirituality

                                                   Impacts on areas below may be minimal or even positive

            ↓                                            ↓

    ┌──────────┬──────────┬──────────┬──────────┬──────────┬──────────┐
    ↓          ↓          ↓          ↓          ↓          ↓

Physical    Mental     Behaviour   Relationships  Community   Spirituality
Health      Health

Impacts all  Risk of mental  Self-harm      Conflict in           Lack of support    Despair
aspects of   health diagnosis  Acting out   relationships         Isolation          Lack of hope,
physical health  Addictions   Difficulty in school,  Couple, family breakup  Difficulty seeking help  purpose or
             Reliving events  maintaining   Children in care      Homelessness       meaning
             Suicide        employment      Attachment difficulties
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PRIMARY & MIXED STATES of the Autonomic Nervous System

The Polyvagal Theory by Dr Stephen Porges /"The Polyvagal Ladder" by Deb Dana, LCSW / image by Justin Sunseri, LMFT

SAFE & SOCIAL
ventral

PLAY

FLIGHT

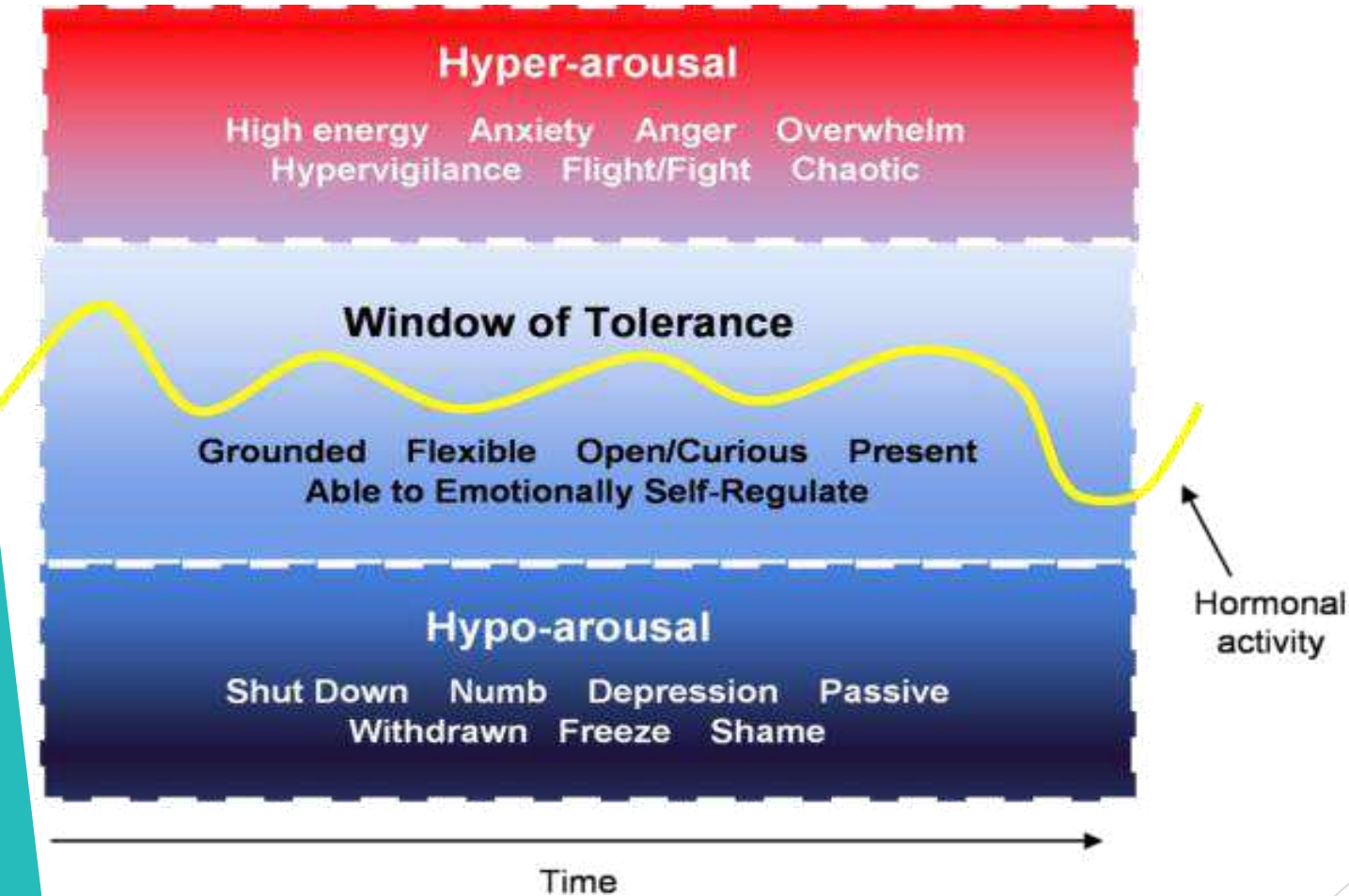sympathetic

STILLNESS

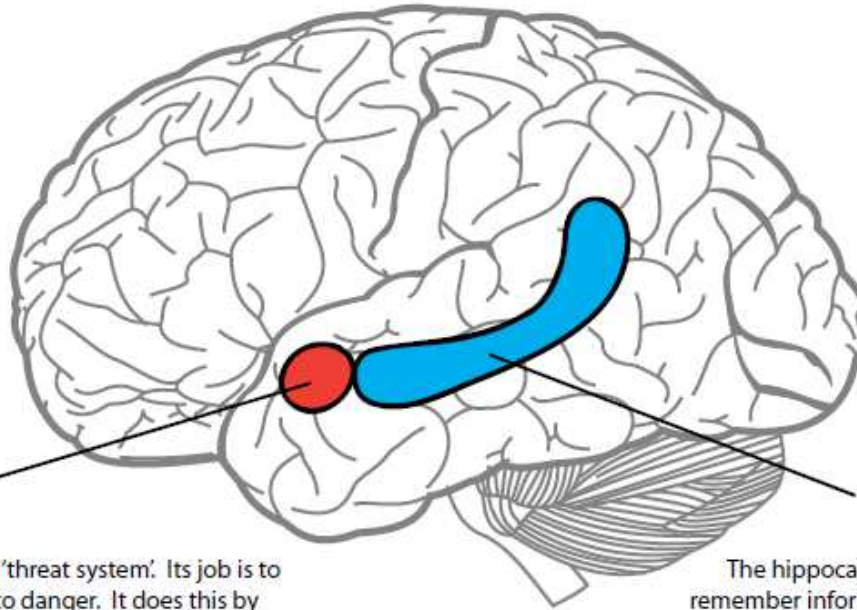**FIGHT**

FREEZE

dorsal
SHUTDOWN

JustinLMFT.com

Window of Tolerance

https://www.psychologytoday.com/ca/blog/lifespan-psychology/202004/expanding-the-window-tolerance

Memory & Trauma...

PTSD & Memory

Amygdala

The amygdala is part of our 'threat system'. Its job is to keep us safe by alerting us to danger. It does this by setting off an alarm in our body: by triggering the 'fight or flight' response it gets us ready to act.

Unfortunately it isn't very good at discriminating between real dangers 'out there', or dangers that we are just thinking about: it responds in the same way. This means that it can set the alarm off when we are thinking about an unpleasant memory from the past, even though the danger has passed.

Hippocampus

The hippocampus helps us to store and remember information. It is like a librarian, and it 'tags' our memories with information about where and when they occurred.

When our 'threat system' is active the hippocampus doesn't work so well. It can forget to tag the memories with time and place information, which means they sometimes get stored in the wrong place. When we remember them it can feel like they are happening again

What does it look like?

Example of a vicious cycle of PTSD
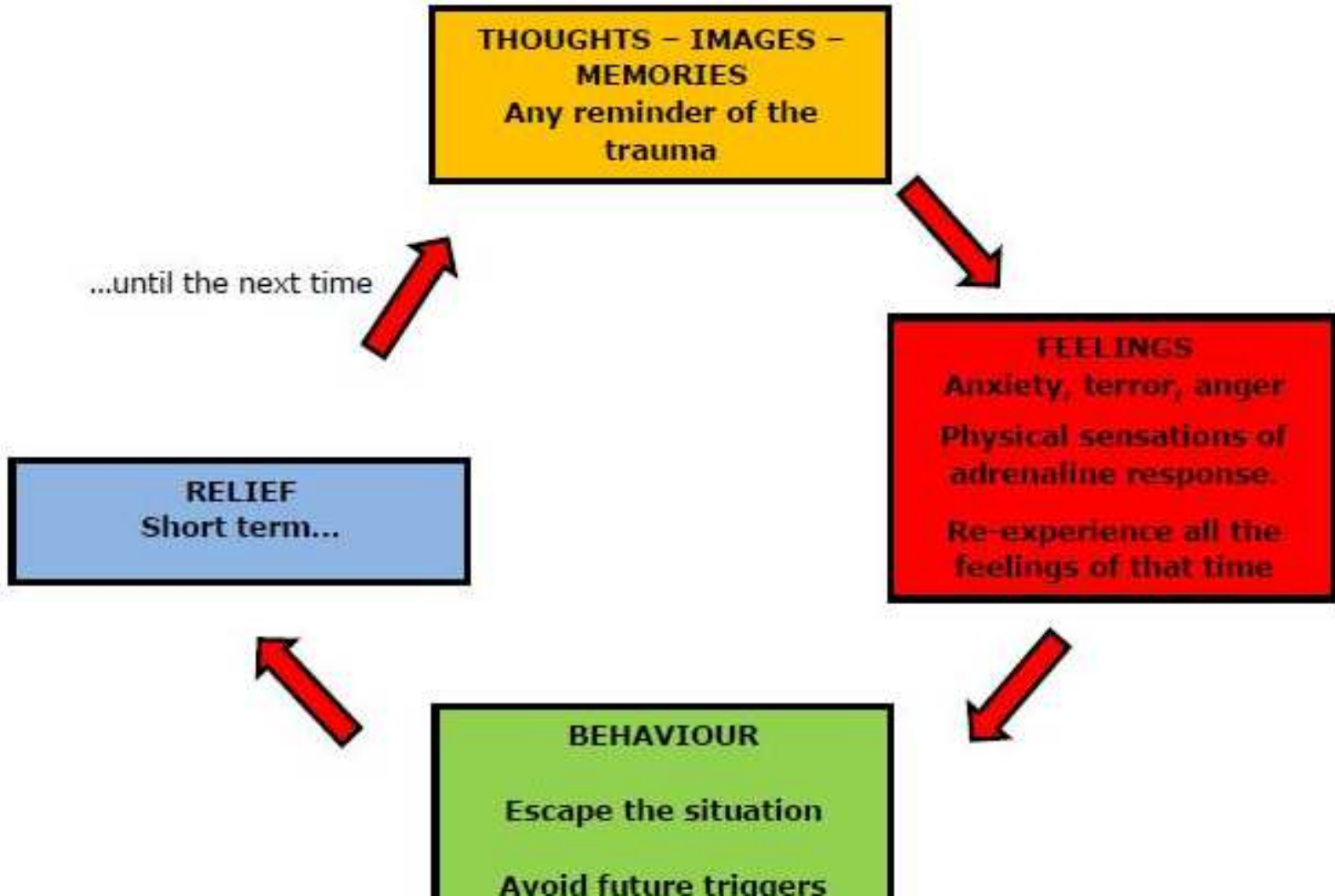
Who can experience Trauma? How?

► Individuals

► Families

► Communities

Why does being trauma informed matter in peer support?

Examples of community (systemic) trauma in the consumer survivor community...

- **Historical Experiences**
  - Forced / coerced treatment
  - Institutionalization
  - No hope for recovery
  - Plus all the current issues….
- **Current Experiences**
  - Lack of hope and compassion
  - Stigma
  - Difficulty finding and accessing help

- Poverty, unemployment, and inadequate housing
- Incarceration
- Lack of continuity with treatment / workers
- Lack of diversity of treatment options
- Wait times
- Medication and side effects
- Marginalization of certain groups and culturally unsafe practices
- Criminalization of drug use

Trauma Stats

▶ 10% of woman and 5% of men are diagnosed with PTSD

▶ Up to 1/3 of people exposed to trauma develop PTSD

▶ Trends show that men have higher rates of trauma but woman have more childhood trauma and are more likely then men to develop PTSD

▶ Of folks in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.

▶ Gender plays a role: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime. No Research has been done on Trans folks.

▶ PTSD associated with severe drugs; "self-medication" in 2/3 of cases (i.e., PTSD first, then substance abuse)

Why Getting Help is Hard…

- Organizations are not trauma informed
- PTSD does not go away with abstinence
- Cannot be treated only within the medical model
- Still some separate treatment systems for mental health and addiction; not all help is publicly funded

Power and Privilege

Power dynamics in society keep trauma experiences invisible:
- Poverty
- Racism
- Ableism
- Saneism
- Homophobia
- Stigma
- Victim blaming
- Child welfare systems

Experiencing Trauma Within the Mental Health System...

When people do reach out for help they may have felt re-traumatized by some mental health responses (eg loss of power and rights, seclusion and restraints, etc) it is not surprising to find that many people struggle or have complicated feelings when reaching out for help.

Core Principles

Core Principles of Trauma Informed Care	Peer Support Values and Principles
Safety (Physical and Emotional)	Empowerment
Trustworthiness	Hope
Choice	Self Determination
Collaboration	Elimination of Prejudice and Discrimination
Empowerment	Meaningful Choice
(Fallot & Harris, 2006)	
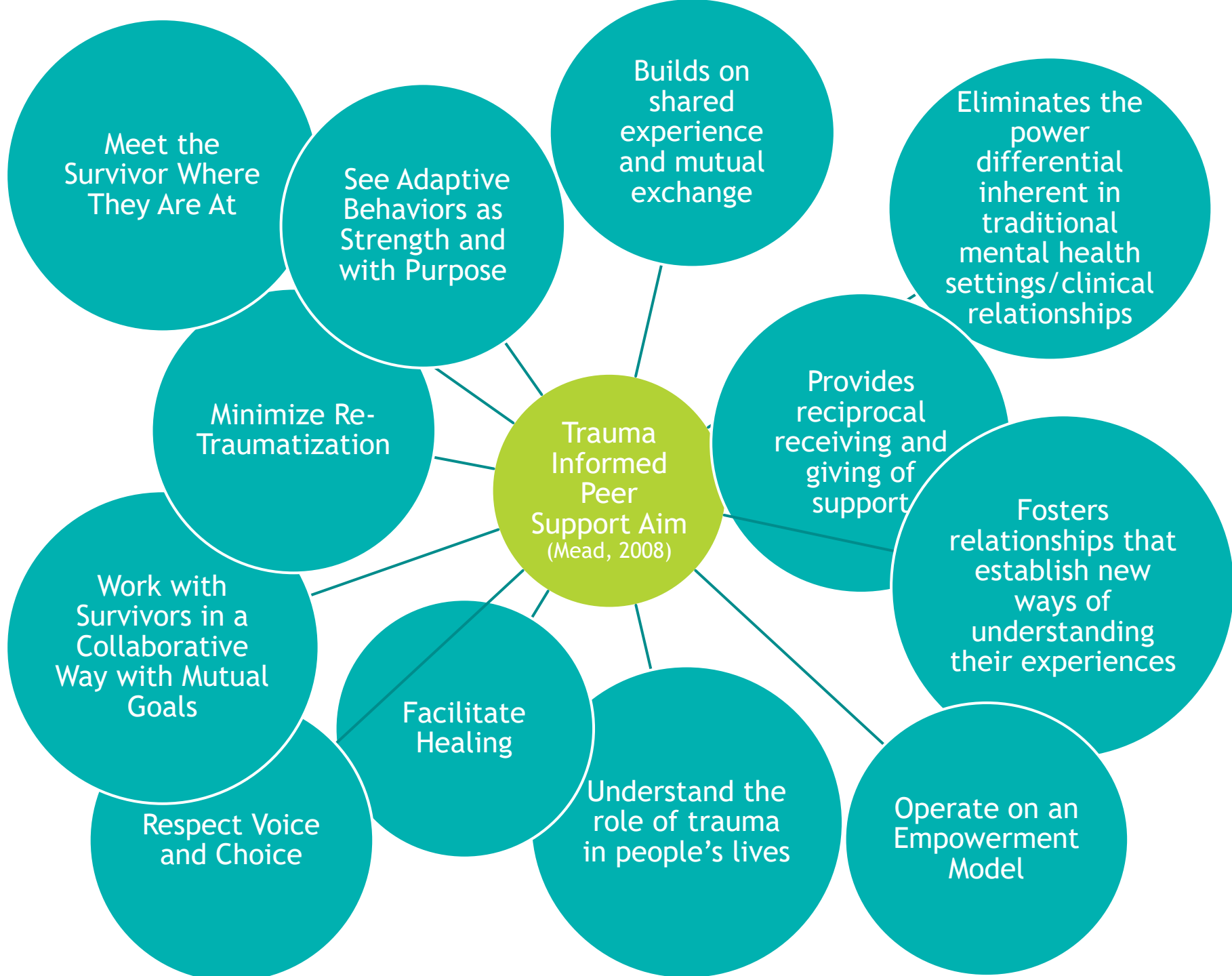
How does a peer worker do all that?

Qualities essential to working with people who have experienced trauma

- Empathy
- Compassion
- Ability to talk openly and honestly
- Self-awareness
- Flexibility
- Comfort ability with the unknown

- Willingness to learn
- Willingness to emotionally connect
- Ability to treat folks as equals
- Mutuality and collaboration
- Self-care
- Doing your own emotional work

Approach and Language

Not Trauma Informed	Trauma Informed
• My illness	• My Experiences
• What is wrong with me?	• What has happened to me?
• My client/consumer	• People I work with...
• I am here to help you	• I am here to learn with you
• Further along in recover (same as high and low function)	• Risking new thinking/ behavior
• Coping	• Change patterns
• Safety is defined as risk management	• Safety is defined by the person
• Helpers decide what helps looks like	• People choose the help they want
• Relationship is based on problem-solving and accessing resources	• Relationship is based on autonomy and connection

Adapted from Sherry Mead 2008

Peer Support is Unique

▶ Due to stigma you might be the first person they are reaching out to help understand their experiences: mutuality

▶ Offer an alternative to the medical model

▶ No assessments or evaluation

▶ Peer support values

▶ Person centered

Peer workers do not fix people... fixing = disconnection and power over

*When you speak to me about your deepest question, **you do not want to be fixed or saved: you want to be seen and heard**, **to have your truth acknowledged and honored**. If your problem is soul-deep, your soul alone knows what you need to do about it, and my presumptuous advice will only drive your soul back into the wood."* - Parker Palmer

Trauma Experiences Disconnect People…

By…

- Making people feel powerless
- Unable to trust or form close relationships
- Impact relationships with self, others communities (avoidance of triggers)
- Creates distance between people (isolation)

13 Things Peers Workers Do that Cause Disconnect…

- ✓ Ordering, directing
- ✓ Cautioning
- ✓ Wanting to make a difference
- ✓ Arguing or lecturing
- ✓ Telling people what they should demoralizing

- ✓ Being unaware of your own power
- ✓ Agreeing, approving, praising
- ✓ Over relating
- ✓ Interpreting or analyzing
- ✓ Reassuring or sympathizing
- ✓ Questioning or probing
- ✓ Withdrawing, joking or changing the subject
- ✓ Steering the conversation or pushing your own agenda

▸ Shery Mead 2008

Trauma glasses off	Trauma glasses on
Manipulative.	Getting needs met in ways that have worked in the past. Doing whatever is necessary to survive.
Lazy	Overwhelmed. Lacking the skills to make decisions about what to do first or to organize
Resistant	Mistrustful of others due to history of being hurt by others. Scared to make progress and then lose everything
Unmotivated	Depressed. Fearful. Overwhelmed. "Frozen."
Disrespectful	Feeling threatened, unsafe, out of control.
Attention-Seeking	Feeling disconnected, alone, or unheard by others. Looking for connection.

What is Vicarious Trauma?

Vicarious traumatization can be thought as when a peer helper is emotionally engaged and working with folks who experience Trauma and it can shift or disrupt your sense of hope and meaning in your life.

Compassion Satisfaction Scale

BUT... **Vicarious Trauma**

Evidence also shows helping professionals who are engaged, committed and emotionally present are more at risk for vicarious trauma.

Further evidence shows that for peers if their work place culture does not emphasize person centered care, self determination and hope they are less likely to receive the benefits of post-traumatic growth and the humanistic growth of mutual aid.

16 Warning Signs of Trauma Exposure Response

- Feeling Helpless and Hopeless

- A Sense That One Can Never Do Enough

- Hypervigilance – everything needs to happen now!

- Diminished Creativity

- Inability to Embrace Complexity

- Minimizing

- Chronic Exhaustion/Physical Ailments

- Inability to listen/deliberate avoidance

- Dissociative Moments

- Sense of Persecution

- Guilt

- Fear

- Anger and Cynicism

- Inability to Emotionally Empathize/Numbing

- Addiction

- Grandiosity

Do's of Trauma Informed Practice

- ▶ Invite conversation
- ▶ Allow silence
- ▶ Allow expression of emotions
- ▶ Stay with survivor in their pain
- ▶ Ask "What can I do for you now & later Say "I don't know" (answering, "why did this happen to me" etc.)
- ▶ Ask what has brought

comfort in the past and if this can be accessed now.

- ▶ Reflect and clarify to be sure you understand
- ▶ Ask, "what should I ask you?"

Don't of Trauma Informed Practice

▶ Demand eye contact

▶ Get too close

▶ Talk too much

▶ Ask too many questions

▶ Make promises you cannot keep (I'll make sure you are safe.) Use platitudes (this will make you stronger later)

▶ Say, "you should be over this by now," or "you have to forgive the perpetrators(s) so you can start to heal."

▶ Touch without spoken permission

▶ Talk about your own trauma…without permission from the survivor

▶ Ask survivor to tell you about the traumatic incident(s)

Your Lived Experience Sharing Is Not Trauma-Informed if it...

❑ **Names people or describes people in detail, or describes a traumatic event in detail**

❑ Glorifies any traumatic experience including systemic trauma (poverty) or unhealthy practices/choices

❑ Is more about how bad it got than it is about my recovery and how I got better

❑ Reinforces myths or stereotypes or oppressive structures

❑ Isn't developmentally suited to the audience (e.g., youth / children vs adults)

❑ Is an advertisement for a service or medication or treatment

Trauma Informed Peer Support

| Name and validate past experiences of trauma | → | Explore impact on life now | → | Share healing strategies |
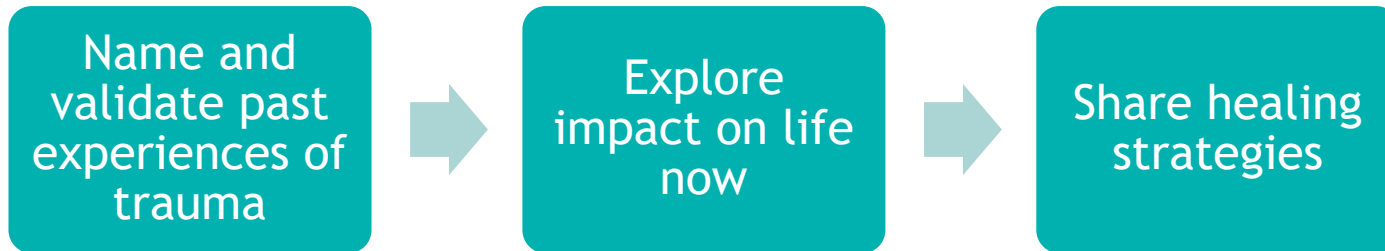
Focus on the impact of the trauma now, not what happened then…
Gladys mostly wants to talk about the details of what happened to her. She has a tough time talking about her life now. What could you say?

▶ *"Gladys it sounds like what happened to you is really sticking with you. I am glad you want to talk to me about it. When you talk about your experience can you please not go into too many details? I want to be able to listen to you fully and worry that too many details will bring up my own past traumas."*

▶ *"Gladys would you tell me about how what you experienced is impacting on your life now?"*

▶ *"Gladys I am so sorry for the things your experienced in the past. I have experienced tough things to, including abuse. While I won't share details, I am happy to share some of what helped me through it."*
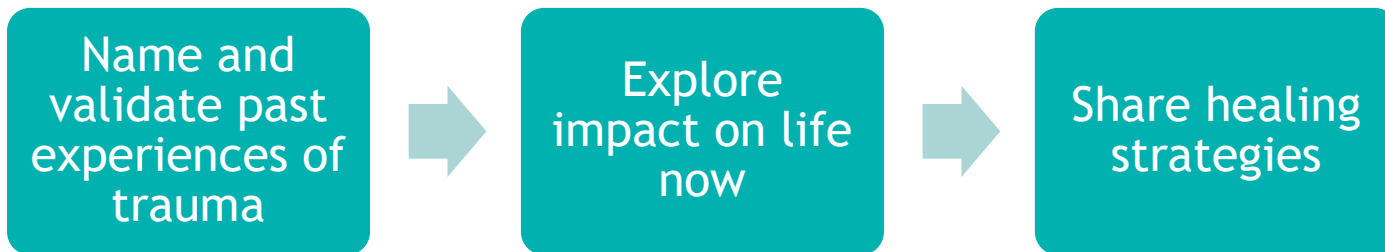
In peer support group a member begins to go into detail about a car accident they were in. Group members are interested. What do you say to the group?

▶ *Facilitator: "We can talk about what happened if Chris wants to, but without details. Let's not ask questions about details and let's keep each other safe by not painting a picture of what happened."*

▶ *Chris "there was a car accident and my spouse is still very severely injured and in a wheelchair from it"*

▶ *Group member "What a terrible experience the car accident sounds like. Life now sounds more difficult"* ← **invites exploration of loss, and other impacts of trauma, then conversation can flow to current coping and posttraumatic growth**

Setting a boundary later…
Ahbed wants to talk about his terrifying nightmares, at first it was interesting for you to hear but you now feel you need to set a boundary with him.

▶ *"Ahbed, I know that last time we talked you shared details of your nightmares with me and I was interested. Afterwards I spent a lot of time thinking about the details of what you shared with me. It really stuck with me. I can imagine how hard this has been for you. I want to ask that in our future conversations we talk about how this trauma impacts on your life without the details of the nightmares? We can talk about how the nightmares are impacting on you without the details of what goes on in them.*

| Name and validate past experiences of trauma | → | Explore impact on life now | → | Share healing strategies |

The Good News... Post Traumatic Growth

"Posttraumatic growth relates to the experiences of positive change that results specifically from highly challenging life crisis. Posttraumatic growth may include enhanced personal strength, appreciation of life, improve relationships, spiritual change, new opportunities. "

Your Lived Experience…

"You talk to another survivor and what takes you two years to explain to your therapist you can say in two minutes to another survivor."

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Objectives

- Define trauma.

- Describe the impact of trauma on peer support participants.

- Compare how the core principles of recovery-oriented peer practice align with those of trauma-informed approaches.

- Provide examples of how trauma-informed approaches can enhance peer work/ peer practice.

Defining Trauma

Trauma

SAMHSA (the 3 Es):

"Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Why Understanding Trauma is Important

- Trauma is pervasive

- Trauma's impact is broad and diverse

- Trauma's impact is deep and life-shaping

- Trauma; especially interpersonal violence and trans-generational transmission is self-perpetuating

- Trauma is insidious; differentially affects the more vulnerable

- Trauma affects how people approach services

- Service systems have often been re-traumatizing

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Trauma

A variety of experiences may qualify as traumatic.
Examples include:

- ✓ Physical abuse
- ✓ Psychological abuse
- ✓ Sexual assault
- ✓ Intimate partner violence
- ✓ Adverse childhood experiences
- ✓ Neglect
- ✓ Loss

- ✓ War and conflict
- ✓ Poverty
- ✓ Racism
- ✓ Community violence
- ✓ Discrimination
- ✓ Medical trauma
- ✓ Natural disasters

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Complex Trauma

1. Repetitive, prolonged or cumulative

2. Most often interpersonal, involving direct harm, exploitation, and maltreatment including neglect/abandonment/antipathy by primary caregivers or other ostensibly responsible adults,

3. Often occur at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence, but can also occur later in life and in conditions of vulnerability associated with disability/ disempowerment/dependency/age/infirmity

    (Courtois, 2012)

Historical Trauma

Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.
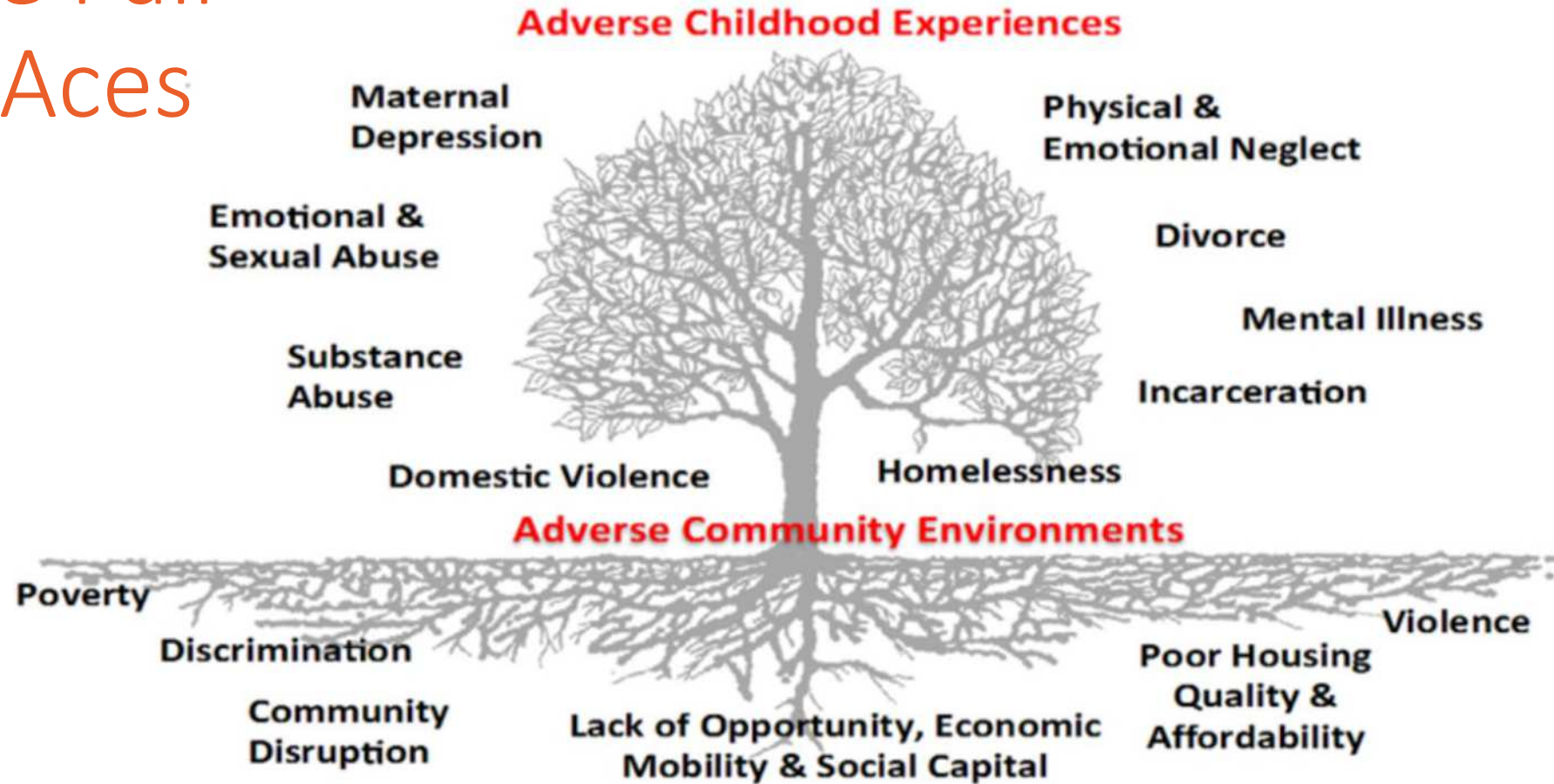

Historical Trauma and Cultural Healing, University of Minnesota Extension
http://www.extension.umn.edu/family/cyfc/our-programs/historical-trauma-and-cultural-healing/

Impact of Trauma

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The Pair of Aces

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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Childhood Experiences and Substance Use

- Adult alcoholism directly related to ACEs – **500% increase**

- Male child with ACE score of 6 – **4600% increase**
  in likelihood of injection drug use lager in life
  when compared with a male child with ACE score of 0

- Adult female – **78% of injection drug use**
  can be attributed to ACEs

Intergenerational Poverty

- Leads to family stress, child abuse and neglect, substance abuse, mental health challenges, and domestic violence
  (Wilson, 2005)

- Those in poverty tend to live near one another, clustering in neighborhoods and regions. High concentration results in higher crime rates, underperforming public schools, poor housing and health conditions, as well as limited access to private services and job opportunities.
  (Kneebone, Nadeau & Berube, 2011).

Trauma is Often Overlooked

- Behavioral responses resemble common delinquent behaviors and are under-identified as trauma symptoms

- Stress manifestation is different by ages, stages, expression

- Many just don't connect the symptoms to trauma

…Thus leading to punishment rather than help or support

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Survival Mode Response

STRESS = Inability to

- Respond
- Learn
- Process

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Core Principles

Paradigm Shift

We begin to ask,
"What happened to you?"
rather than
"What is wrong with you?"

We have to ask,
"What's strong?"
rather than
"What's wrong?"

Of course, peer practice is all about that shift

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Core Principles

Trauma-informed Approach

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment
5. Voice and choice
6. Respect for cultural, historical and gender differences

Peer Practice

1. Mutuality
2. Reciprocity
3. Recovery-oriented, person-centered
4. Voluntary
5. Relationship-focused
6. Safe space
   • Respect, Compassion, Acceptance

(Fallot 2008, SAMHSA, 2012)

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Safe Space

How do you create a safe space?

- How important is it?
- What's different here?
- Can I see myself here?
- What is not being said?
- What else is possible?

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Physical Environment

What hurts?

- Congested areas that are noisy and chaotic
- Poor signage that is confusing
- Uncomfortable furniture
- Separate bathrooms
- Being shifted from one place to another
- Cold non-inviting colors and paintings/posters on the wall

What helps?

- Comfortable, calming rooms—both community and spaces that offer privacy
- Furniture is clean and comfortable
- No wrong door philosophy: we are all here to help
- Integrated bathrooms (participants and staff)
- Wall coverings, posters/pictures that covey a hopeful positive message

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Person-centered

What does *recovery* mean to YOU?

How can I support you with that?

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Attitudes and Beliefs

What hurts?

- Ask questions that convey the idea that "there is something wrong with the person"

- Focus on deficits

- View a person's difficulties only as *symptoms* of a substance use problem

What helps?

- Ask questions to understand what harmful events may contribute to current problems

- Focus on the limitless possibilities

- Recognize that *symptoms or behaviors* may be coping strategies or adaptations related to adverse experiences (trauma)

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Voluntary

Would you care to participate?

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Relationship-focused

How do we create connections?

What hurts?

Interactions that are:

- Humiliating

- Harsh

- impersonal,

- Disrespectful

- Critical

- Judgmental

What helps?

Interactions that express:

- Kindness

- Patience

- Reassurance

- Calm

- Acceptance

- Active listening

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What in the Room from Trauma?

Fear

Anger

Defiance

Difficulty forming relationships

Physical Illness

Guilt

Sleep problems

Perfectionism

Persistent irritability

Shame

Hyperarousal

Inattention

Need to control

Mistrust

Difficulty concentrating

Aggression

Low self-esteem

Disrupted Mood

Avoidant behavior

Dissociation

Traumatic grief

Sensory sensitivity

Trauma re-enactment

Regressive behavior

Depression

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Arousal Continuum

Adapted from Dr. Bruce Perry's *The Boy Who Was Raised as a Dog*

Internal State	CALM	ALERT	ALARM	FEAR	TERROR
Cognitive Style	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
Regulating Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Dissociative Continuum	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
Arousal Continuum	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
Sense of Time	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME

Strategies for Preventing Escalation

- Remain respectful and non- judgmental

- Seek to gather more information
  How can I help? What do you need?

- Actively listen for the unmet need

- Reflect and clarify to be sure you understand

- Allow for silence

- Allow expression of emotions

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Trauma Narrative

- Storytelling allows us to make sense of what happened to us

- Recounting events is often a way of making what might have felt "unreal", "real"

- Storytelling can occur at anytime and in many ways, if we are listening…

Power of the (Appropriate) Sharing

- WAIT – Why Am I Talking?

- What to share and when

- What's too much, what's just enough

- Using our trauma narrative:
  - in mutual relationships
  - as educators
  - as advocates

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Dialogue

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Please Share

- What have been your peer practice experiences related to trauma?

- What do you think are the most important peer practice competencies for a trauma-informed approach?

- Just as peer workers do not diagnose, they do not "treat trauma". What is the proper role for peer practitioners?

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Thank You

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Paula Verrett, MSW, CPS

THE ROLE OF PEER SUPPORT IN HEALING FROM TRAUMA

LEARNING OBJECTIVES

- Identify how the elements of Peer support in the treatment of survivors can promote healing and recovery.
- Identify best practice related to implementation of peer support programs in you practice.
- Identify challenges in implementing peer support into your practice and means of overcoming those challenges.

WHAT IS PEER-SUPPORT?

MentalHealthHumor.com — By: Chato B. Stewart

HOLD ON!
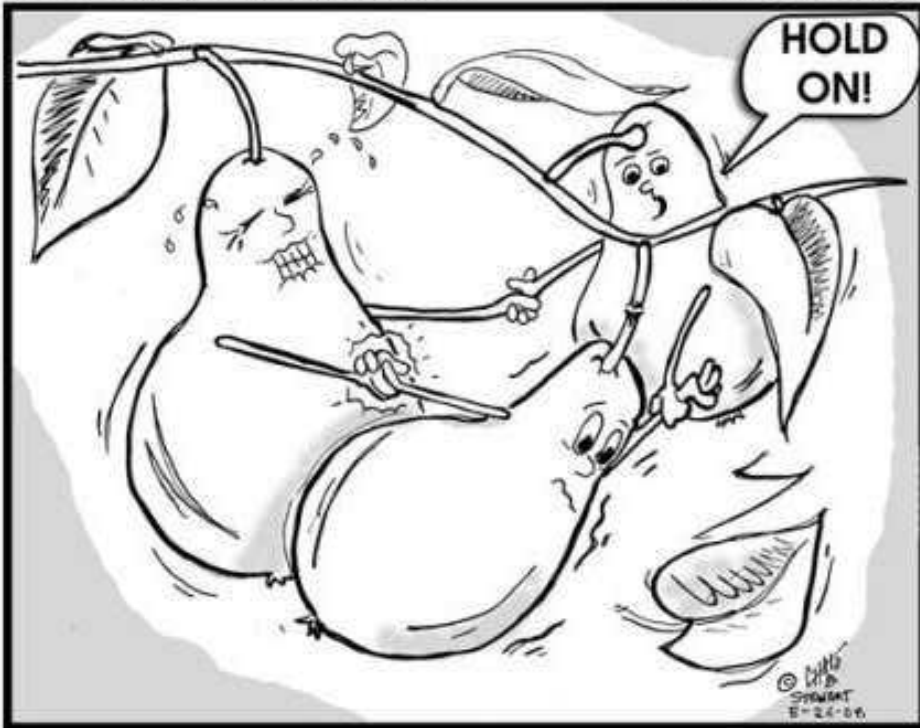
Pear to Pear Support

× What is a peer?

+ An equal.

+ Someone who has face similar challenges.

(Blanch, Filson, & Penney, (2012)

WHAT IS PEER SUPPORT?

"Peer support is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other's healing and growth."

(Blanch, Filson, & Penney, 2012)

PRINCIPLES OF PEER SUPPORT

- Peer support is voluntary.
- Peer support is non-judgmental.
- Peer support is empathetic.
- Peer support is respectful.
- Peer support requires honest and direct communication.
- Peer support involves mutual responsibility.
- Peer support is about sharing power.
- Peer support is reciprocal.

IMPACT OF TRAUMA ON WORLD VIEW

- Basic mistrust of others
- Belief that the world is an unsafe place/bad things will happen & they are usually my fault
- Assumption that others will not like me
- Fear & pessimism about future
- Feelings of hopelessness & lack of control
- Lack of trust in self or own thoughts, feelings, or memories

IMPACT OF TRAUMA ON RELATIONSHIPS

Survival Responses:	Patters of relating to others:	Often mislabeled by service systems as:
Fight	Struggling to regain or hold on to power, especially when feeling coerced	"Non-compliant" "Combative"
Flight	Disengaging: "checking out" emotionally	"Treatment resistant" "Uncooperative"
Freeze	Giving in to those in a position of power	"Passive" "Unmotivated"

Blanch, Filson, & Penney, 2012)

IMPORTANCE OF SHARED EXPERIENCE

- A need to reach out to others with similar challenges.
- Common awareness of feelings of:
  - Unsafe
  - Vulnerable
  - Afraid
  - Hopeless
  - Shocked
  - Alone
  - Confused
  - Grieving

IMPORTANCE OF SHARED EXPERIENCE

- Mutuality:
  - Being Real—we all have a need to be real, to express our true self without judgement.
  - "Your ability to be honest about who you are, where your are and what you need are all part of being real. Connecting to others helps you get there!"

  (Wilkinson, 2002)

- Common experience in peer support can be understood as the formation of authentic relationships where shared experience is explored rather than assumed.

  (Blanch, Filson, & Penney, 2012)

BENEFITS OF PEER SUPPORT

- Emotional support
- Sharing information and advice
- Increased social network, friendship & reconnection
- Becoming empowered
- Finding hope and positive role models
- Achieving insight
- Learning coping skills
- Reducing symptoms

(Goodwin & Patton, 2007)

MORE BENEFITS OF PEER SUPPORT

- Peer support contradicts many of the negative messages received through traumatic experiences and service systems about who you are and what you are capable of.
- Focus on human experience allow for exploration of the totality of life experience

(Blanch, Filson, & Penney, 2012; Davidson et al., 1999)

WHAT DOES PEER SUPPORT LOOK LIKE?

- Formal Support Groups
- Activity-focused peer support
- Educational activities
- Informal and one-on-one peer support—Peer Specialists
- Advocacy

(Blanch, Filson, & Penney, 2012)

LOCATION

- Independent, unincorporated peer support groups
- Peer-run programs
- Peer support staff working in mainstream behavioral health programs

(Blanch, Filson, & Penney, 2012)

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Federici, M (n.d.) *Inclusion of Peer Support: Catalyst to Recovery, Trauma Informed and Community integrated based services. SAMHSA.*

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http://www.wicps.org/uploads/1/8/1/4/1814011/recertification_2015.pdf
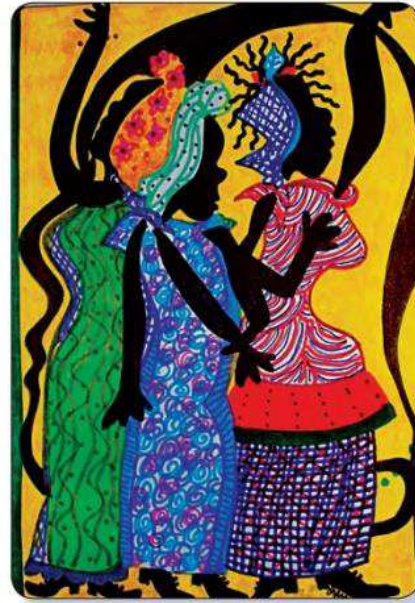
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Trauma-Informed Peer Support

http://www.nasmhpd.org/publications/EngagingWomen.aspx

Goals of the Training

- Define "peer support"

- Define "trauma" and its impact

- Define "culture" and its influence

- Discuss principles of trauma-informed practice and their application in peer support

- Explore strategies for applying this knowledge in peer support relationships

PEER SUPPORT BASICS

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Peer Support Principles

- Voluntary

- Non-judgmental

- Respectful

- Reciprocal

- Empathetic

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Peer Support Definition

- A flexible approach to building healing relationships among equals, based on a core set of values and principles.

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Peer Support is NOT

- A "program model"

- Focused on diagnoses or deficits

- About "helping" in a top-down way

- Being a "counselor"

- Pressuring people to comply with treatment

- Monitoring people's behavior

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Avoid Helping That Hurts

"Helping" in a top-down way may:

- reinforce feelings of helplessness

- imply that one person is more "recovered" than the other

- send the message that survivors are incapable of directing their own lives

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Peer Support Can Focus On

- Educational pursuits

- Social activities

- Advocacy

- Community connection

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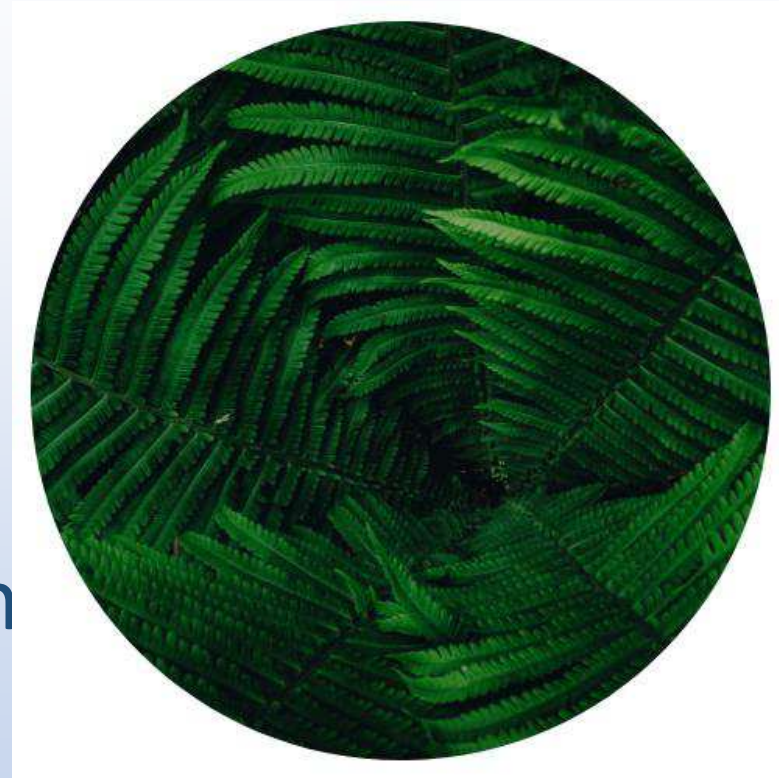
Co-optation

Co-optation occurs when a group tries to assimilate a weaker or smaller group, with the intention of neutralizing a perceived threat from the weaker group

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Co-optation

- Can happen if we lose connection with peer support values and begin to take on views and beliefs that demean people who use services

- If the organization doesn't support peer roles through policy and practice, we can feel alienated or threatened

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To Avoid Co-optation

- Develop strong relationships with other peer support staff
- Educate yourself about the history of the consumer/survivor/ex-patient movement
- Reach out to local, state, and national organizations for consumers/survivors
- Talk about peer support values to non-peer staff

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Strategies to Thrive

- Educate people who use services about trauma and peer support

- Educate staff about trauma and peer support

- Have collaborative conversations by:
  - Exploring each others' perspectives and experiences
  - Using your recovery story strategically
  - Offering new solutions and ideas

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Self-Awareness

"In the thick of this work we often forget about our own needs..." Shery Mead

Self-Care is essential

Self-Awareness

Be aware of:

- The impact of trauma on your own life

- Your own emotional "hotspots"
  words, sights, smells, sounds, behaviors, characteristics, emotional responses

- How your own experiences may influence your feelings and responses to people you support

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TRAUMA AND ITS IMPACT

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Defining Trauma

- The 3 Es:

"Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." – SAMHSA, Concept and Guidance for a Trauma-Informed Approach

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Some Potential Sources of Trauma

- Childhood sexual, physical, emotional abuse, neglect, abandonment

- Rape, sexual assault, trafficking

- Domestic violence; experiencing/witnessing other violent crime

- Catastrophic injury or illness, death, loss, grief

- Institutional abuse and neglect

- War/terrorism

- Community and school violence, bullying

- Cultural dislocation or sudden loss, historical/ generational targeted violence

- Chronic stressors like racism, poverty

- Natural disasters

- Invasive medical procedures

- Any misuse of power by one person over another

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TRACING TRAUMA IN YOUR LIFE

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Talking About Trauma

- If, how, and when a person chooses to talk about experiences is personal

- Some may not label what happened as "trauma"

- Be aware of the words you use and be prepared that other's words may be different

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Trauma Affects the Developing Brain

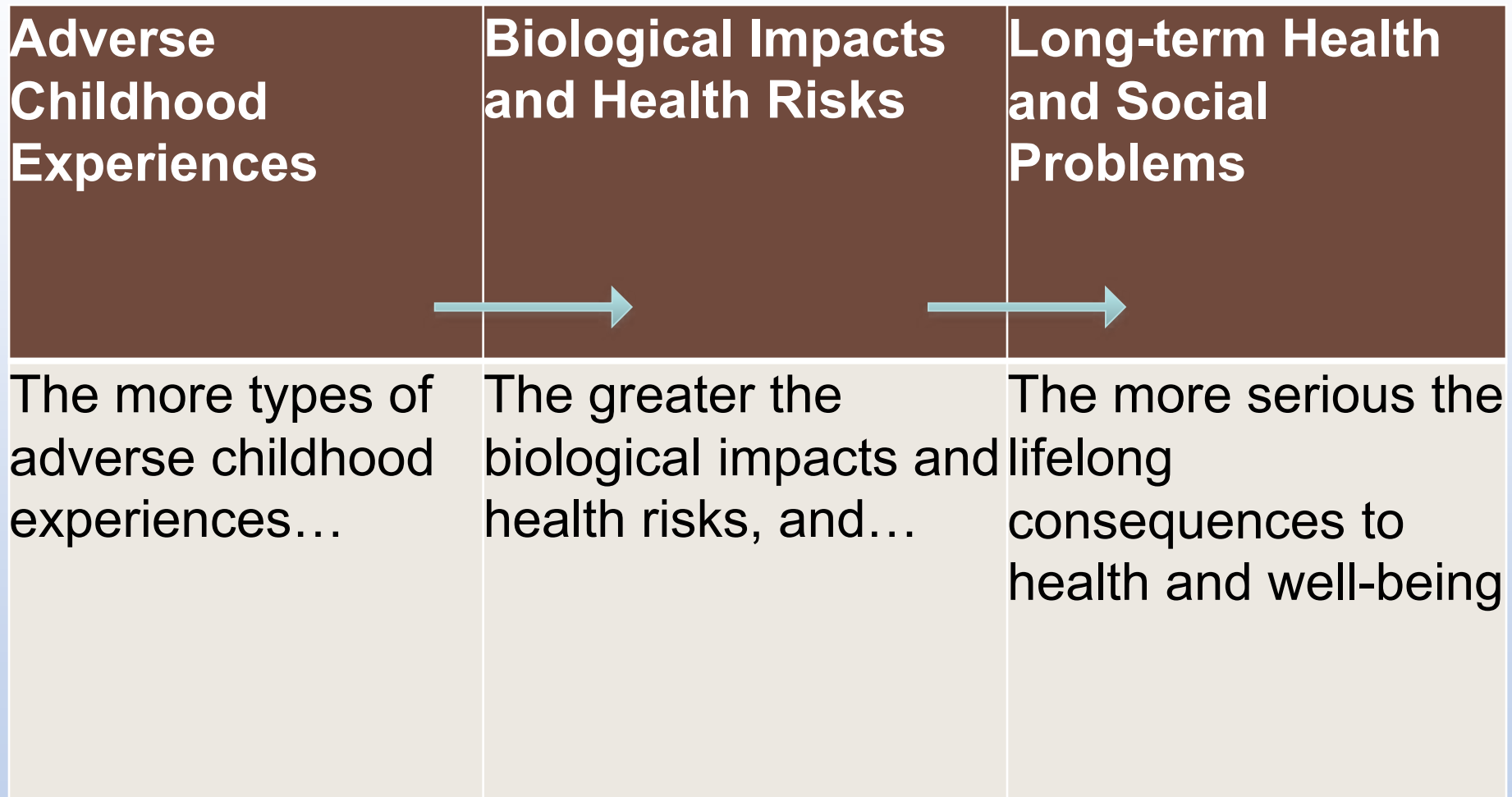Brain development is affected by early experiences, including traumatic experiences .

We develop ways to cope, survive, and defend ourselves against deep and enduring wounds.

©National A

Flight, Fight, or Freeze

- The brain signals the body to respond to a perceived threat and the body prepares

- Ordinarily, when the threat is gone, the body returns to "baseline"

- If an ongoing threat is perceived, the body doesn't return to baseline, remains prepared for threat, resulting in a "trauma response"

- The switch is stuck in the "on" position

Trauma Linked to Health Challenges Over the Lifespan

Adverse Childhood Experiences	Biological Impacts and Health Risks	Long-term Health and Social Problems
The more types of adverse childhood experiences…	The greater the biological impacts and health risks, and…	The more serious the lifelong consequences to health and well-being

Felitti, V.J., Anda, R. F., et. al., 1998

Trauma Leads to Changes

Survivors may move between extremes...

Arousal-Extreme levels of excitability and responsiveness to external stimuli or numbing and detachment from the outside world.

Hyper-arousal←←→→numbing

Attention-The mind's energy is directed away from situations, completely inattentive and absent or toward them, deeply and exclusively focused.

dissociation←←→→ hyper-focus

Perception-Pupils dilate: vision and hearing are sharpened or dulled and memory is absent

heightened←←←→→dulled

Emotion- Emotional detachment from devastating experiences or extremely painful feelings that are difficult to tolerate.

absent←←→→overwhelming

N. Miller

Factors That May Intensify Trauma

- The earlier in life trauma occurs, the more severe the likely long-term effects

- Deliberate violence is particularly damaging, especially when inflicted by trusted caregivers

- Violence - compounded by betrayal, silence, blame, or shame - impacts the ability to form intimate relationships

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Impact of Trauma

- Survivors may be responding to the present through the lenses of their past

- Things survivors do to cope may be misinterpreted by staff as "non-compliance"

- Can lead to punitive reactions by staff to people who are struggling with trauma responses

- Often, people are unaware that their challenges are related to trauma

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Trauma Disconnects. It can…

- Leave people feeling powerless

- Have lasting effects on the ability to trust others and form intimate relationships

- Impact relationships with self, others, communities, and environment

- Create distance between people

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Trauma is Widespread

- Studies show that 90% of people with psychiatric diagnoses are trauma survivors [1]

- Similar rates among people with histories of substance abuse, foster care placement, homelessness, and incarceration [2,3,4,5]

- Nearly 100% of incarcerated women are trauma survivors [6]

- Both staff and people using services may be trauma survivors

[1] Mueser et al, 2004; [2] Goodman et al, 1997; [3] Buhrich et al, 2006; [4] Moncrieff et al, 1996; [5] Greeson et al, 2011; [6] Wallace et al, 2011.

Healing is Possible

Healing from trauma, like healing from a physical injury, is a natural human process.

- Richard Mollica, 2006

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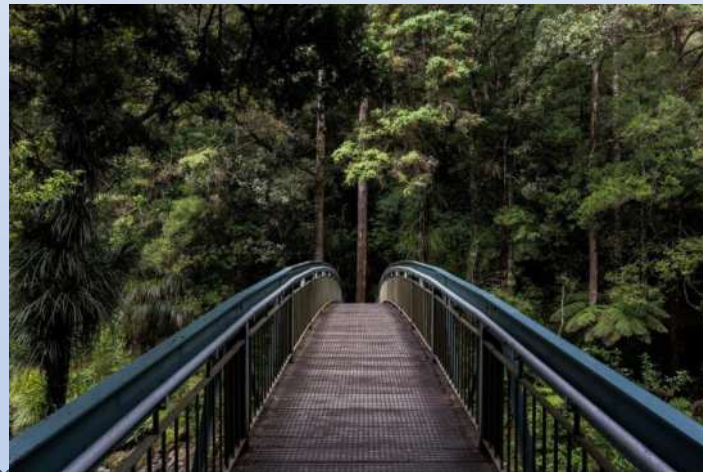
Healing From Trauma Requires

- Regaining a sense of control over one's life and one's environment

- Maintaining a sense of safety

- Developing the ability to trust self & others

- Reconnecting with others

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TRAUMA-INFORMED PRACTICES

SAMHSA's Key Principles of Trauma-Informed Approaches

- Safety

- Trustworthiness and Transparency

- Peer support

- Collaboration and mutuality

- Empowerment, voice and choice

- Cultural, Historical, and Gender Issues

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Non Trauma-informed Practices

- Recreate the fear and helplessness of the original trauma

- Cause distrust, sadness, anger, frustration and confusion

- Survivor reactions are seen as "symptoms" which increases the rationale for "management" and potential for coercion

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Trauma-Informed Practices

- Based on the universal expectation that trauma has occurred

- Focused on understanding "What happened to you?" not "What's wrong with you?"

- Seek to understand the meaning people make of their experiences.

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Trauma-Informed Practices

- All staff and people who use services are educated about trauma

- Incorporate knowledge about trauma in all aspects of service delivery

- Minimize revictimization – "do no more harm"

- Take particular care to create a welcoming environment

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Trauma-Informed Practices

- Strive to be culturally responsive

- Focus on resilience, self-healing, mutual support, and empowerment

- Ensures that trauma-informed principles (Safety; Trustworthiness and Transparency; Peer support; Collaboration and mutuality; Empowerment, voice and choice; Cultural, Historical, and Gender Issues) are addressed.

- Trauma treatment is different: specific techniques to treat manifestations of trauma (works best in a trauma-informed setting)

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Trauma survivors often have sensitive "radar" for detecting dishonesty and good reasons to be sensitive to misuse of power and authority.

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Those working with survivors "have a tendency to deal with their frustration by retaliating in ways that often uncannily repeat the earlier trauma."

van der Kolk, 2003

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What Does Help Look Like?

Not Trauma-Informed	Trauma-Informed
• Needs are defined by staff	• Needs are identified by survivor
• Safety is defined as risk management	• Safety defined by each survivor
• The helper decides what help looks like	• Survivors choose the help they want
• Relationships based on problem-solving and accessing resources	• Relationships are based on autonomy and connection
• Help is top-down and authoritarian	• Help is collaborative and responsive

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CULTURAL CONSIDERATIONS

We don't see things as they are,

we see things as we are.

- Anais Nin

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What is Culture?

The shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*.
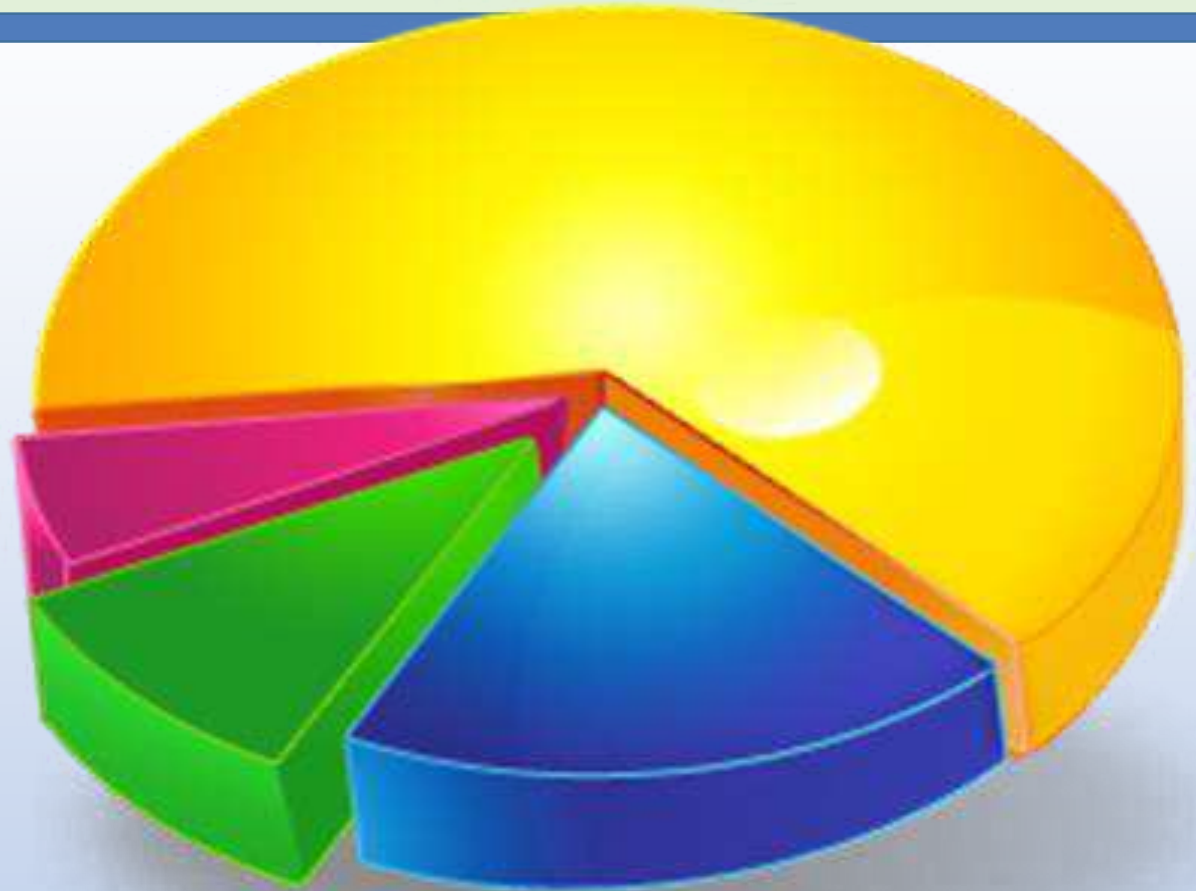
- Singh, 1998

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Cultural Considerations

Self Identity

- Race
- Ethnicity
- Age
- Gender
- Sexual orientation
- Language
- Family
- Beliefs about capabilities
- History
- Country where born

Belonging and Participation

- Spirituality
- Education
- literacy
- Incarceration
- Military
- Employment/Income
- Where you live
- Immigration status
- Illness/wellness
- Parenting

My Cultural Pie

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Cultural Considerations

Self Identity

- Race
- Ethnicity
- Age
- Gender
- Sexual orientation
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- Beliefs about
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- Military
- Employment/Income
- Where you live
- ...gration status
- ...ss/wellness
- ...arenting

TRAUMA

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Culture Counts

- Culture influences:
  - the experience of trauma
  - the meaning people make of what has happened
  - how and if people express their pain

- One's cultural experience affects beliefs, behaviors, and attitudes toward others

- Assumptions made about others may become barriers to effective support

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No Assumptions

- Every conversation can be a cross-cultural conversation

- We may not know the source of someone's joy, pride, or pain

- We do not know how oppression/trauma have impacted a person's life

- We do not know what self-protecting coping strategies people need to use

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BE CURIOUS,
          BE EMPATHETIC,
                   BE FLEXIBLE

TRAUMA-INFORMED PEER SUPPORT

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Effective Peer Support

- Validates personal reality

- Fosters trust and connection

- Leads to empowerment

- Breaks patterns of helplessness and hopelessness

- Encourages use of voice and choice

- Respects personal boundaries and creates a sense of safety

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Trauma-Informed Peer Support

- Sees coping strategies, not "symptoms"

- Helps survivors make sense of how they are coping and surviving

- Creates a safe space to consider new coping strategies

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Conflicting Definitions of "Safety"

- For people who use services, "safety" generally means maximizing control over their own lives

- For providers, "safety" generally means maximizing control over the service environment and minimizing risk

Peer–Run Programs

Intend to create different approaches that align more closely with survivor's definitions of safety.

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Power Dynamics

- If we're not alert to the use of power, peer support relationships may unintentionally recreate the power dynamics of the original trauma

- Being mindful of peer support principles can help address this

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Mutuality

There are no static roles of "helper" and "helpee" …reciprocity is the key to building natural connections.

- Shery Mead

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What gets in the way of sharing power?

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What Gets in the Way?

- Lack of role clarity

- Struggling to manage strong emotions

- Preconceived attitudes

- Desire to manage other's behavior (particularly if viewed as harmful, self-inflicted violence)

- Fear, discomfort, misunderstanding

- How "safety" is defined and used

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Maintaining Your Integrity

- Be transparent in your relationships

- Let people you support know up front the limits of your relationship

- Don't assume the people you work with know what peer support is: teach them, & they can offer each other peer support

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UNDERSTANDING
SELF-INJURY

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Defining Self-Injury

- The intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors

- The primary purpose is to provide a way of coping with what feels intolerable.

  - Ruta Mazelis

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Self-Injury:

- Evolves as a way to cope with trauma

- Is a response to distress, past and/or present

- Has meaning for each survivor, such as:
  - Regaining control
  - Asserting autonomy
  - Relief of emotional pain

A Shift in Thinking

FROM	TO
Seeing the person as engaging in meaningless, frustrating, and dangerous behavior	Understanding self-harm as an expression of profound pain which has meaning for the person

IT IS NOT YOUR JOB TO FIX ANYONE

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PERSONAL NARRATIVES

Personal Narratives Can:

- Help organize one's experience, help make sense of what has taken place

- Lay the groundwork for survivors to develop hope about the future

- Can also be told through talking, music, dance or movement, drumming, art, and writing

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Trauma Narratives May Include…

- All or part of the traumatic events

- The impact on one's life

- The meaning one has made out of what happened

- Beliefs about who one is and who one is capable of becoming

Using part of your personal narrative as a helpful illustration

What Creates Distance?

- Narratives that are difficult to listen to

- Competing trauma narratives

- Telling the same narrative over and over again

- Narratives told through the language of behavior (i.e., self-injury)

- Talking about the taboo

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Is Telling Necessary for Healing?

People must be supported if they choose NOT to share their experience

- Not everyone can or wants to tell
- There may be cultural constraints on self-disclosure
- It may be too painful
- It may be currently unsafe

Support Narrative Sharing

- Ask if the person wants to share their experiences

- Offer opportunities and materials to support different ways of expressing the narrative

- Listen for meaning

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RECLAIMING POWER THROUGH SOCIAL ACTION

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The Personal is Political

All violence focuses on the unfair distribution of power and the abuse of this power by the powerful against the helpless. The solutions to these problems are not individual solutions; they require political solutions.

- Sandra Bloom

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Reclaiming Power Through Social Action

- Trauma often leaves survivors feeling both powerless and full of rage

- Taking social action can be:
  - a positive act of healing
  - a productive way to channel anger
  - a way for survivors to reclaim a sense of purpose and personal power

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Reclaiming Power Through Social Action

Social action can include:

- Organizing around a common goal
- Giving witness testimony
- Working to change harmful policies & practices
- Challenging injustice
- Creating supportive alternatives

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WHAT WILL YOUR COMMITMENT BE?

What will you do differently tomorrow, based on what you learned today?

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Inspired Vision, LLC

Trauma-Informed Peer Supervisory Practice

Presented by: Cathy Cave and Michael Johnan

Alternatives 2015

In the thick of this work we often forget about our own needs until they are so big we can no longer meet them in simple ways Shery Mead

Self-Awareness

Self-Reflection and Self-Care

Ingredients of Effective Supervisory Relationship in Peer Support

- Peer Support Values
- Ethics
- Cultural Competence
- Trauma Informed
- Clear Expectations
- Modeling Competence
- Strength-based and Solution-focused
- Feedback
- Reflection
- Task Specific Developmental Process

PEER SUPPORT VALUES and ETHICS

Peer Support Values

- Voluntary

- Autonomy

- Mutuality

- Non-judgmental

- Non Coercive - Equally Shared Power

- Strength-focused

- Transparent

- Person-driven

- Others???

Peer Support

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

Shery Mead

Ethics of Peer Support

- We treat each other respectfully and kindly.

- We strive to understand and respect each person's definition of safety.

- we understand that we must offer each person we meet unconditional hope and honor their potential to grow.

Mental Health Empowerment Project

Culture Matters

Cultural Competence is the integration of cultural knowledge, information, and data in a way that transforms skills, practice, and approaches to be in line with the healthcare beliefs and values of people served in the community. (King Davis, PhD 1997)

TRAUMA

We are wired for survival…

Information from our senses and Internal state

ALARM
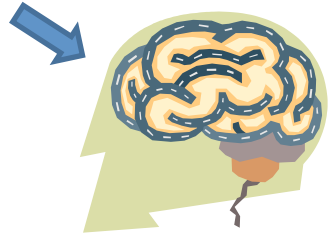
We may be aware or unaware.

Our responses may be visible or invisible.

Moss 2013, Cave, Johnan and Curley 2015

We are continually healing

Restoring a sense of Safety and Protection within a consistently nurturing and trustworthy relationship supports resilience.

What is the Supervisor's role?

Trauma-Informed Supervision

The ultimate goal of trauma-informed supervisory practice in peer support is to increase self-awareness, teach skills, motivate, navigate challenges, provide support while avoiding retraumatization and re-victimization.
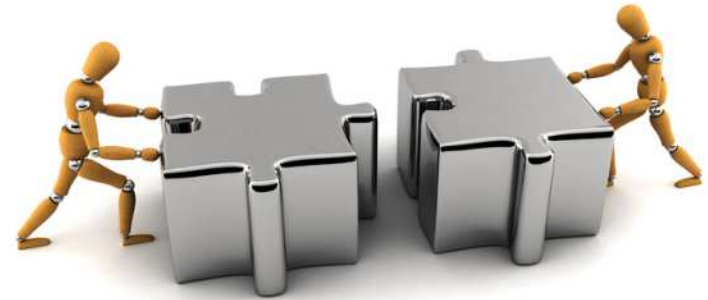
Functions of Supervision

Alfred Kadushin

Educative

Supportive

Administrative

Clear Expectations

Lived experience is essential but not exclusive to what is necessary for effectiveness.

- Clarity of Role
- Job Description
- Competencies
- Development Plan
- Preparation for Supervision
- Feedback

Modeling Competence

- It's not what you say but what you do that counts.

- Supervisors must model expected competencies on purpose.

Strength-based and Solution-focused

- We feel good, work harder and better when we are appreciated for what we do well, and supported to grow in areas where we need to develop.

- It is not a panacea for working with and motivating all supervisees or a cure for dealing with the most problematic staff.

- It does require a shift in thinking from a problem orientation to a solution focus, which can be challenging for many of us.

Strength-based and Solution-focused

Some Tools

- Exception Finding Questions

- Scaling Questions

- Coping Questions

- Miracle Questions

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Competency-based Feedback

Giving

- Be attentive
- Start interaction pleasantly
- Describe situation
- Describe the Behavior
- Deliver the Impact - With Rationale
- Thank person for listening
- Follow up on any concerns

Receiving

- Be attentive
- Ask clarifying questions
- Show concern
- Apologize with sincerity
- Avoid excuses or interruptions
- Discuss the situation
- Thank to person for sharing
- Request future feedback

What is important
in life
is how we treat
each other

Hana Ivanhoe, age 15

REFLECTIVE PRACTICE

We don't see things as   they are;

We see things as we are.

Anais Nin

Why reflection?

- Cultivate self awareness

- Sustain and protect our empathy

- Create an intentional process to explore, learn and grow

- To strengthen capacity to consistently "begin within"

Consider the importance of curiosity ...

Benefits of Reflective Supervision - Individual

- Supports Cross-Cultural Attunement

- Builds Initiative

- Builds Shared Understanding of Program Philosophy

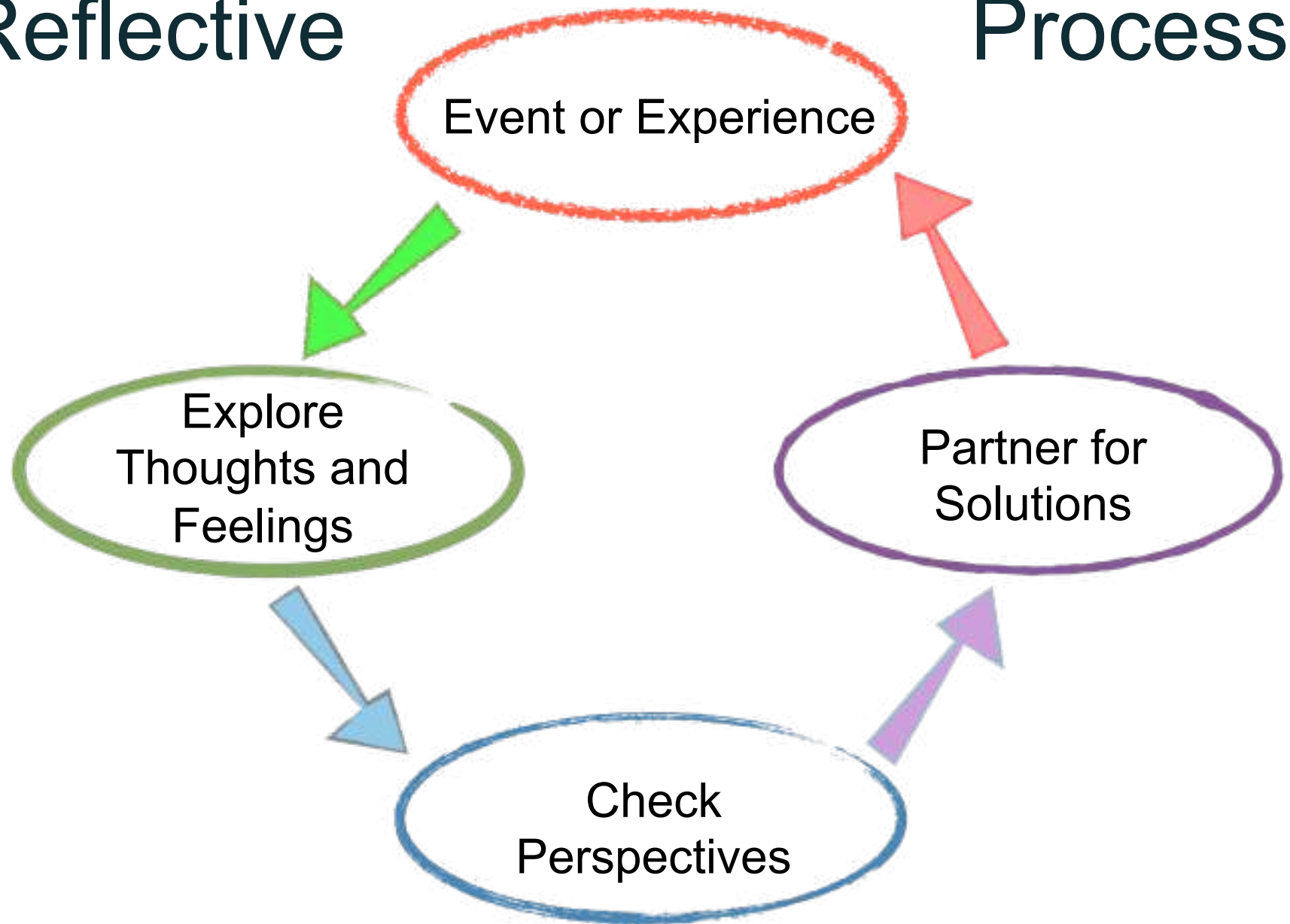- Facilitates Participation in Implementation of Administrative Requirements

- Engages individual in Efforts to Improve Program Quality and Accountability

Reflective Process

Event or Experience

Explore Thoughts and Feelings

Partner for Solutions

Check Perspectives

Reflective Process

- What happened?
- What were you thinking or feeling?
- What were you hoping for?
- How do you think others experienced this?
- Were there/Are there any alternatives?
- Were there any resources that were not considered?
- What future actions can you take?
- How would you change the situation if you could? (Next Time)
- What was helpful/unhelpful about this experience?

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Preparing for Supervision

Be Transparent:

- Provide orientation to Situational Leadership and Reflective Practice to all staff

- Teach staff how to prepare themselves for supervision

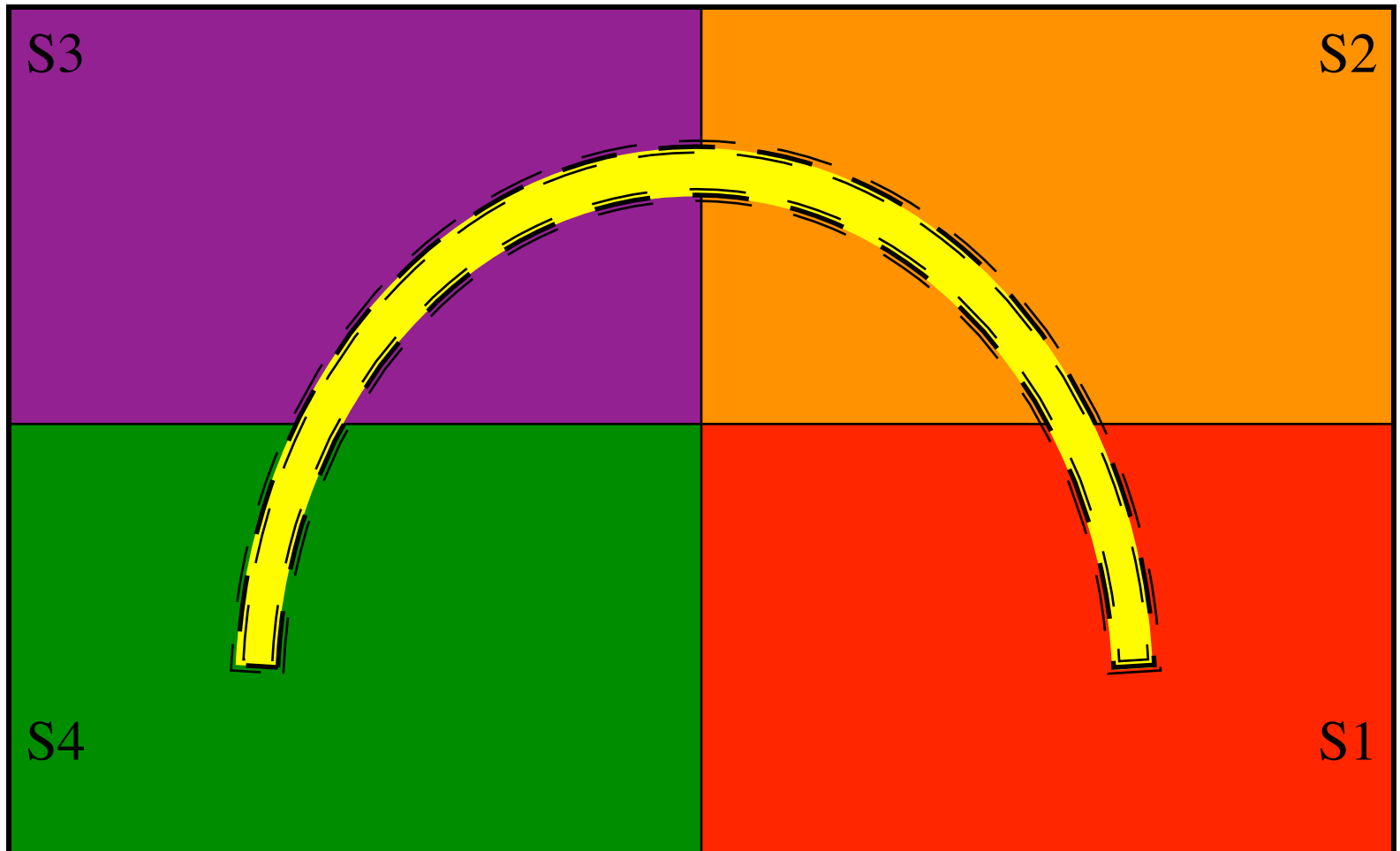 - Be ready to share experiences, thoughts, and feelings

  - Don't just complain; come with at least one qood idea for a solution

  - Be ready to give and receive feedback

Task Centered Developmental Process

Situational Leadership Ken Blanchard

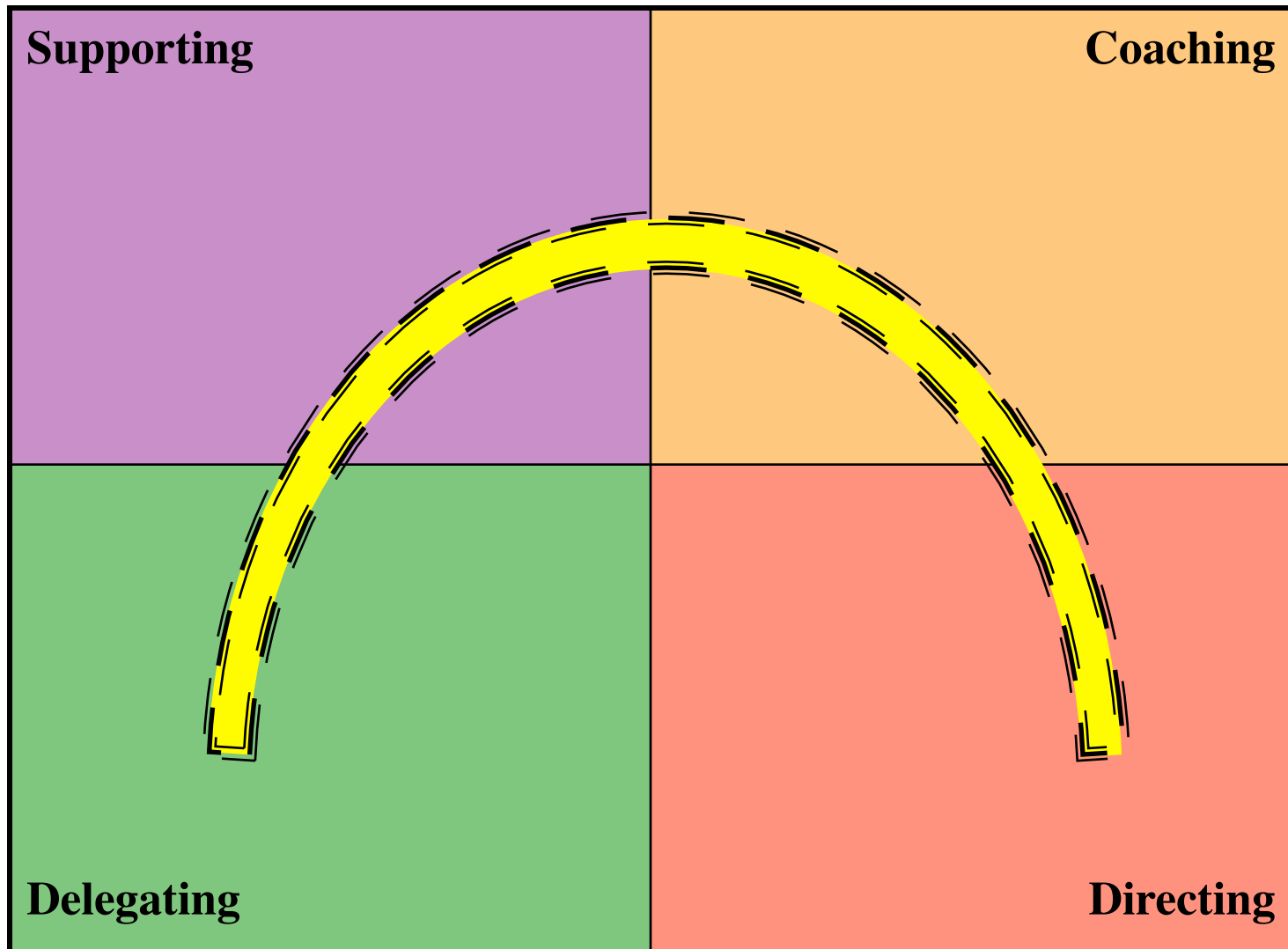
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S2

S4

S1

Situational Leadership

Situational leadership is a model for developing people, over time, so they can reach their highest level of performance on a specific goal or task.

It is a process for helping people become self-motivated and self directed.

Situational leadership is based on a relationship between the individual's level of competence and commitment on a specific goal or task and the amount of direction and support the leader provides.

Effective leadership lies in matching the appropriate leadership style to the individual's development level.

Situational Leadership Model

Supporting	Coaching
Delegating	Directing

REFLECTIONS