Trauma-Informed Peer Support
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
Peer Support Principles

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic
Peer Support Definition

• A flexible approach to building healing relationships among equals, based on a core set of values and principles.
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
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
Peer Support Can Focus On

- Educational pursuits
- Social activities
- Advocacy
- Community connection
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.
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
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
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
Self-Awareness

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

Self-Care is essential
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
TRAUMA AND ITS IMPACT
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
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
TRACING TRAUMA IN YOUR LIFE
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
Brain development is affected by early experiences, including traumatic experiences. We develop ways to cope, survive, and defend ourselves against deep and enduring wounds.
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

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Biological Impacts and Health Risks</th>
<th>Long-term Health and Social Problems</th>
</tr>
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<tbody>
<tr>
<td>The more types of adverse childhood experiences…</td>
<td>The greater the biological impacts and health risks, and…</td>
<td>The more serious the lifelong consequences to health and well-being</td>
</tr>
</tbody>
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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.
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
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
Trauma is Widespread

• Studies show that 90% of people with psychiatric diagnoses are trauma survivors.\textsuperscript{1}

• Similar rates among people with histories of substance abuse, foster care placement, homelessness, and incarceration.\textsuperscript{2,3,4,5}

• Nearly 100% of incarcerated women are trauma survivors.\textsuperscript{6}

• Both staff and people using services may be trauma survivors.

\textsuperscript{1} Mueser et al, 2004; \textsuperscript{2} Goodman et al, 1997; \textsuperscript{3} Buhrich et al, 2006; \textsuperscript{4} Moncrieff et al, 1996; \textsuperscript{5} Greeson et al, 2011; \textsuperscript{6} Wallace et al, 2011.
Healing from trauma, like healing from a physical injury, is a natural human process.

- Richard Mollica, 2006
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
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
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
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.
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
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)
Trauma survivors often have sensitive “radar” for detecting dishonesty and good reasons to be sensitive to misuse of power and authority.
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
What Does Help Look Like?

Not Trauma-Informed

- Needs are defined by staff
- Safety is defined as risk management
- The helper decides what help looks like
- Relationships based on problem-solving and accessing resources
- Help is top-down and authoritarian

Trauma-Informed

- Needs are identified by survivor
- Safety defined by each survivor
- Survivors choose the help they want
- Relationships are based on autonomy and connection
- Help is collaborative and responsive
CULTURAL CONSIDERATIONS
We don’t see things as they are,
we see things as we are.

- Anais Nin
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
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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TRAUMA
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**
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
BE CURIOUS,
BE EMPATHETIC,
BE FLEXIBLE
TRAUMA-INFORMED PEER SUPPORT
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
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
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.
Intend to create different approaches that align more closely with survivor’s definitions of safety.
• 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.
There are no static roles of “helper” and “helpee” ...reciprocity is the key to building natural connections.

- Shery Mead
What gets in the way of sharing power?
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
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
UNDERSTANDING SELF-INJURY
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
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

Seeing the person as engaging in meaningless, frustrating, and dangerous behavior

TO

Understanding self-harm as an expression of profound pain which has meaning for the person

IT IS NOT YOUR JOB TO FIX ANYONE
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
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
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
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
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
Social action can include:

• Organizing around a common goal
• Giving witness testimony
• Working to change harmful policies & practices
• Challenging injustice
• Creating supportive alternatives
WHAT WILL YOUR COMMITMENT BE?
What will you do differently tomorrow, based on what you learned today?